

51 9501

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 9501
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Ruth C. Smithies		2. DATE OF DEATH Nov. 2, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
5. FULL NAME OF (If not in hospital or institution, give street address or location) 2670 Lehman Street		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore City 20-05	
6. Length of stay in Baltimore Life Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 2670 Lehman Street	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH 2/20/1915
9. AGE (In years last birthday) 36		10. Under 1 Year Months: Days	11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Waitress		10B. KIND OF BUSINESS OR INDUSTRY W.T. Grant Co.	
11. BIRTHPLACE (State or foreign country) Baltimore Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME L. Carroll Wilson		14. MOTHER'S MAIDEN NAME Martha Burrows	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No.		16. SOCIAL SECURITY NO. 215-01-6266	
17. INFORMANT Wm E Nichols		ADDRESS Servic	
18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic Arteritis DUE TO Acute Cholelithiasis DUE TO Malnutrition ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from April 1950 to Nov 2, 1951 that I last saw the deceased alive on Nov 2, 1951 , and that death occurred at 7:50 P.M. , from the causes and on the date stated above.			
23A. SIGNATURE W. E. Nichols		23B. ADDRESS 1000 E. Enoch Ave	
23C. DATE SIGNED 11/4/51			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Nov. 5/51	
24C. NAME OF CEMETERY OR CREMATORY Loudon Park Cemetery		24D. LOCATION (City, town, or county) (State) Baltimore Maryland	
DATE RECEIVED BY LOCAL REGISTRAR 11-5-1951		REGISTRAR'S SIGNATURE C. H. Williams, Jr.	
FUNERAL DIRECTOR F. B. Wippert & Son		ADDRESS 1300 EUTAW PLACE	

VS 150

784 60

127a

Nov. 2, 1951

Nov. 2, 1951

Nov. 2, 1951

Nov. 2, 1951

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Nov. 2, 1951

250

51 9502

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 9502

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Richard Wayne Cosney

2. DATE
OF
DEATH

11-4-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION
(If not in hospital or institution, give street address or location)

Maryland Gen. Hosp

C. Length of stay in Baltimore

27

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland Baltimore

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

259 S. East Ave.

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

-

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

-

8. DATE OF BIRTH

11-4-51

9. AGE (In years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

1

35

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Edward Kenneth Cosney

14. MOTHER'S MAIDEN NAME

Doris Madeline Hart

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

-

17. INFORMANT

ADDRESS

mother-

259 S. East Ave

18.

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Congenital Stenosis of
The Lungs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Congenital Polycystic
Kidney - Bilateral

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ ND ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT ☐ NOT WHILE
WORK WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-4-1951, to 11-4-51, that I last saw the
deceased alive on 11-4-1951, and that death occurred at 4:15 A.M., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Cremation

11/5/51

Green Mount

Baltimore, Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

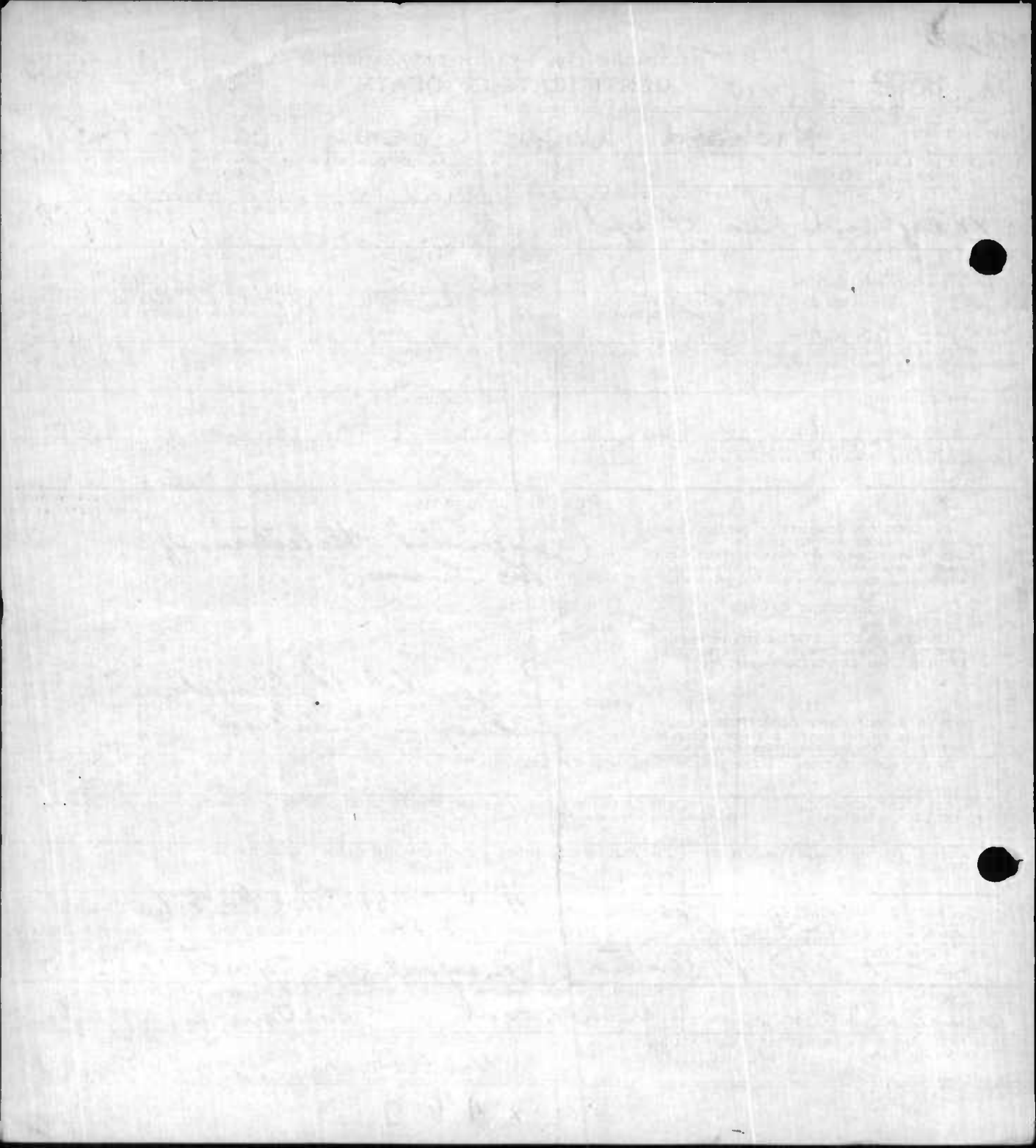
ADDRESS

N. M. Cook, Inc., 1217 E. Paul St.

NOV 5 - 1951

161a

MEDICAL CERTIFICATION



523

51 9503

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51 9503

Registered No.

1. NAME OF DECEASED

(Type or Print)

Mr. John Reneau Langston

2. DATE OF DEATH

November 3, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

B. COUNTY Baltimore

5. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location)

St. Joseph's Hospital

6. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

7. LENGTH OF STAY IN BALTIMORE

23 years

8. STREET ADDRESS (If rural, give location)

5200 Clifton Avenue

9. SEX

Male

10. COLOR OR RACE

White

11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

12. DATE OF BIRTH

Aug. 19, 1880

13. AGE (In years last birthday)

71

14. If Under 1 Year Months: Days

11 Under 24 Hours Hours: Min.

15. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Salesman (rtd)

16. KIND OF BUSINESS OR INDUSTRY

Wholesale Bldg. Supplier

17. BIRTHPLACE (State or foreign country)

Georgia

18. CITIZEN OF WHAT COUNTRY?

19. FATHER'S NAME

- Langston

20. MOTHER'S MAIDEN NAME

Unknown

21. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

-no

22. SOCIAL SECURITY NO.

23. INFORMANT

Mrs. Edna M. Langston-5200 Clifton

24. ADDRESS

on Ave

25. CAUSE OF DEATH

26. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Heart failure

DUE TO

27. ANTECEDENT CAUSES

28. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Arteriosclerotic cardio-renal-vascular disease

DUE TO

29. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

30. DATE OF OPERATION

31. MAJOR FINDINGS OF OPERATION

32. AUTOPSY?

YES ☐ NO ☒

33. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

☐

34. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

35. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

36. TIME (Month) (Day) (Year) (Hour) INJURY

37. INJURY OCCURRED

38. WHILE AT WORK ☐

39. NOT WHILE AT WORK ☐

40. HOW DID INJURY OCCUR?

41. I hereby certify that I attended the deceased from 10/28/1951 to 11/3/1951, that I last saw the deceased alive on 11/3/1951 and that death occurred at 9:15 AM from the causes and on the date stated above.

42. SIGNATURE

43. ADDRESS

44. DATE SIGNED

45. BURIAL, CREMATION, REMOVAL (Specify)

Burial

46. DATE

11/6/51

47. NAME OF CEMETERY OR CREMATORY

Mt. Olivet Cem

48. LOCATION (City, town, or county) (State)

Balto., Md.

49. DATE RECEIVED BY LOCAL REGISTRAR

NOV 5 - 1951

50. REGISTRAR'S SIGNATURE

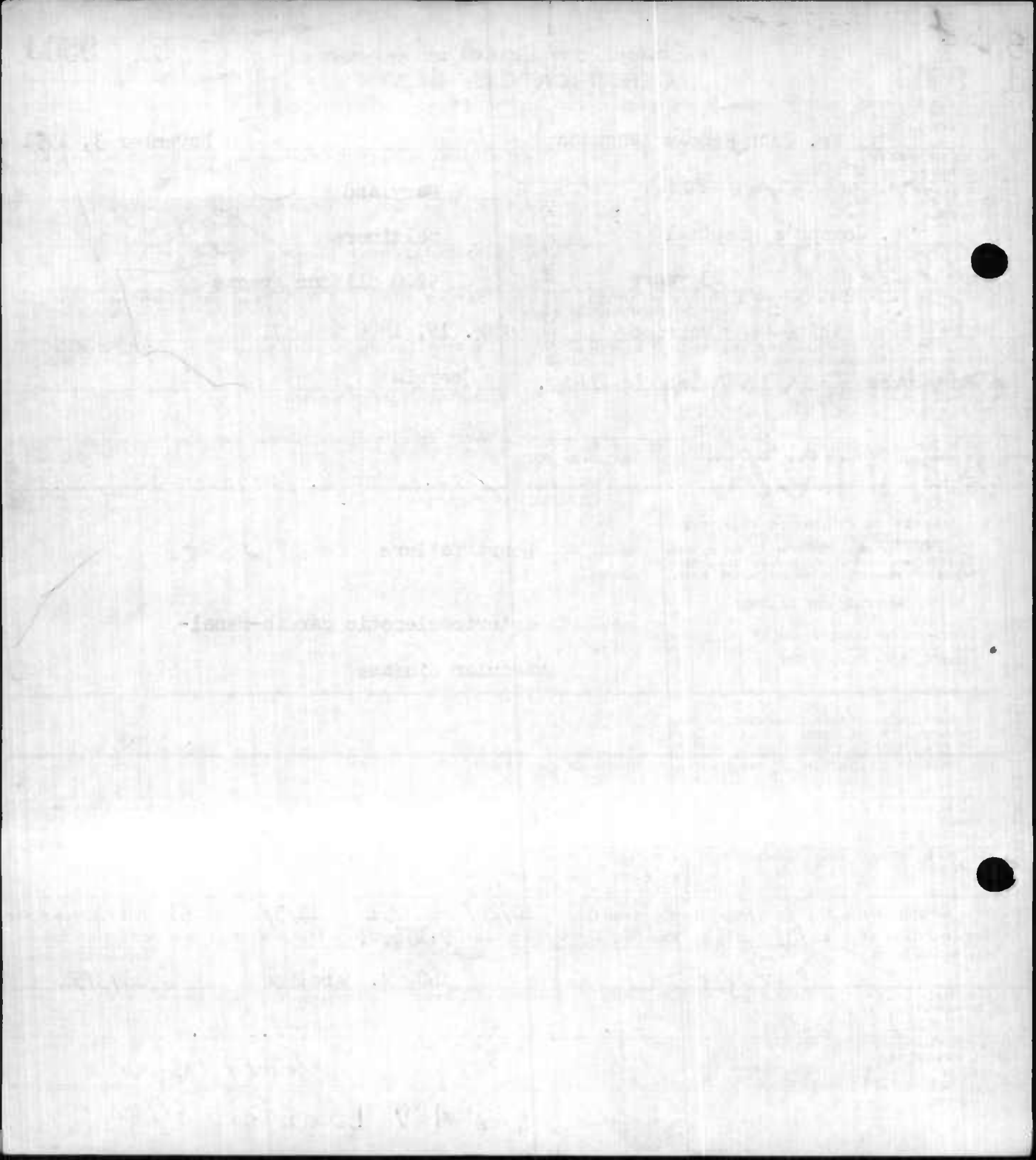
Wm. J. Dickner & Son

51. FUNERAL DIRECTOR'S ADDRESS

VS 150

490688 49 Balto. 17 Md 131a

MEDICAL CERTIFICATION



424
51 9504

Mitchling
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 9504
Registered No. _____

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>William Henry Mitchell</i>		2. DATE OF DEATH <i>11-3-51</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>MD</i> B. COUNTY _____			
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>Union Memorial Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 27-10</i>			
C. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <i>535- WINSTON AVE</i>			
5. SEX <i>m</i>	6. COLOR OR RACE <i>w</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>Sept. 19, 1893</i>	9. AGE (in years last birthday) <i>58</i>	10. Under 1 Year Months: _____ Days: _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>STORE OWNER</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>RETAIL MERCHANDISE</i>		11. BIRTHPLACE (State or foreign country) <i>Baltimore Md.</i>	
12. CITIZEN OF WHAT COUNTRY? <i>USA</i>		13. FATHER'S NAME <i>Herman Mitchell</i>		14. MOTHER'S MAIDEN NAME <i>Elizabeth Burke</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>?</i>		16. SOCIAL SECURITY NO.		17. INFORMANT <i>wife</i>	
18. ADDRESS <i>SAME AS PT.</i>					

18. <i>420.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <i>CAUSE OF DEATH</i> <i>MYOCARDIAL INFARCTION ?</i>		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>MULTIPLE PULMONARY EMBOLI ?</i>		

19A. DATE OF OPERATION <i>11-3-51</i>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *11-3-1951*, to *11-3-1951*, that I last saw the deceased alive on *11-3-1951*, and that death occurred at *11:40* m., from the causes and on the date stated above.

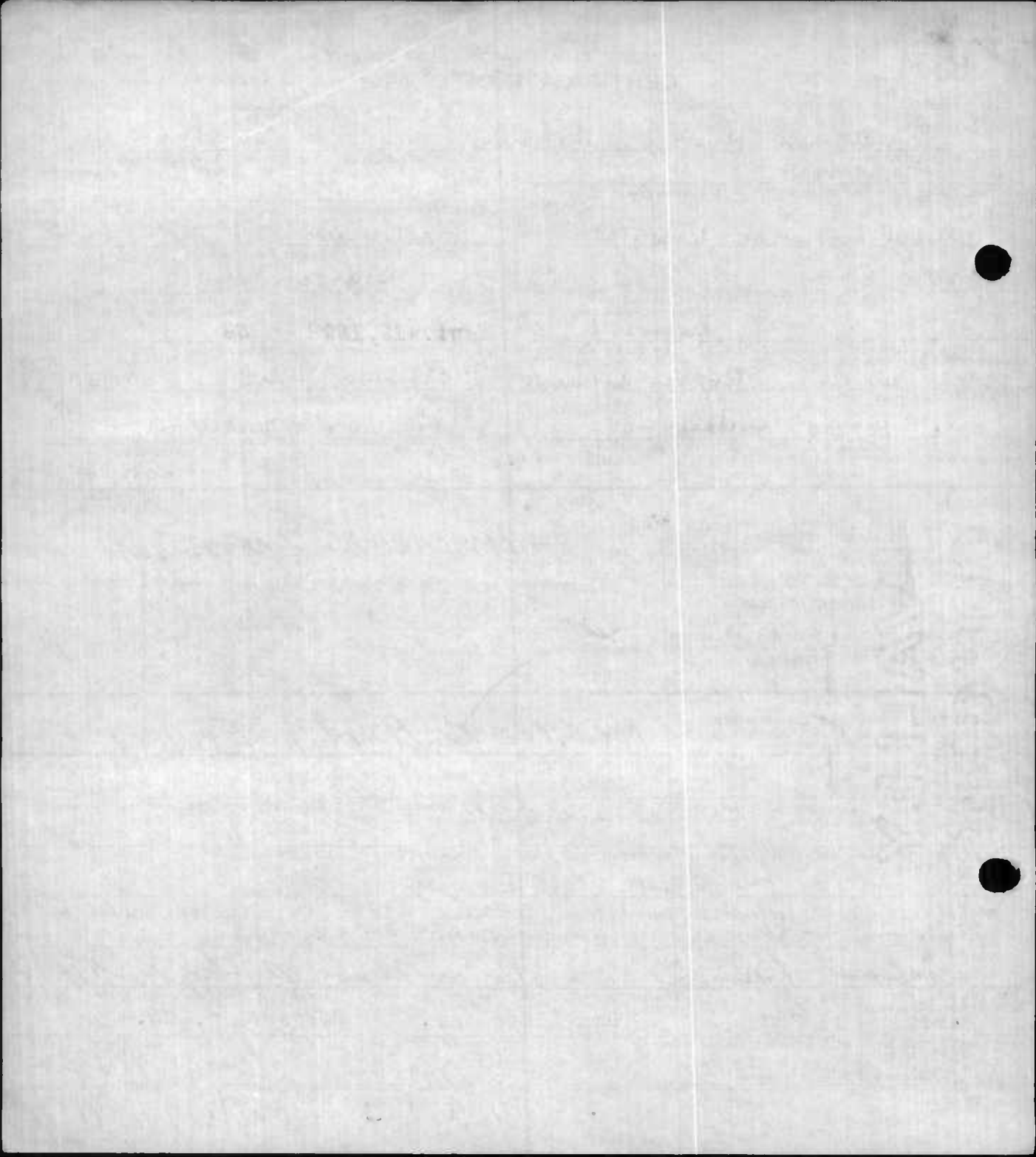
23A. SIGNATURE <i>Richard Beach</i>	23B. ADDRESS <i>Union Memorial Hospital</i>	23C. DATE SIGNED <i>11/4/51</i>
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24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>11/7/51</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Druid Ridge Cem.</i>	24D. LOCATION (City, town, or county) (State) <i>Pikesville, Md.</i>
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DATE RECEIVED BY LOCAL REGISTRAR <i>NOV 5 - 1951</i>	REGISTRAR'S SIGNATURE <i>William Mitchell</i>	25. FUNERAL DIRECTOR <i>Wm. G. Dickner & Sons</i>	ADDRESS <i>Balto. 17, Md.</i>
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MEDICAL CERTIFICATION



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **51 9505**

520
51 9505
BIRTH NO.

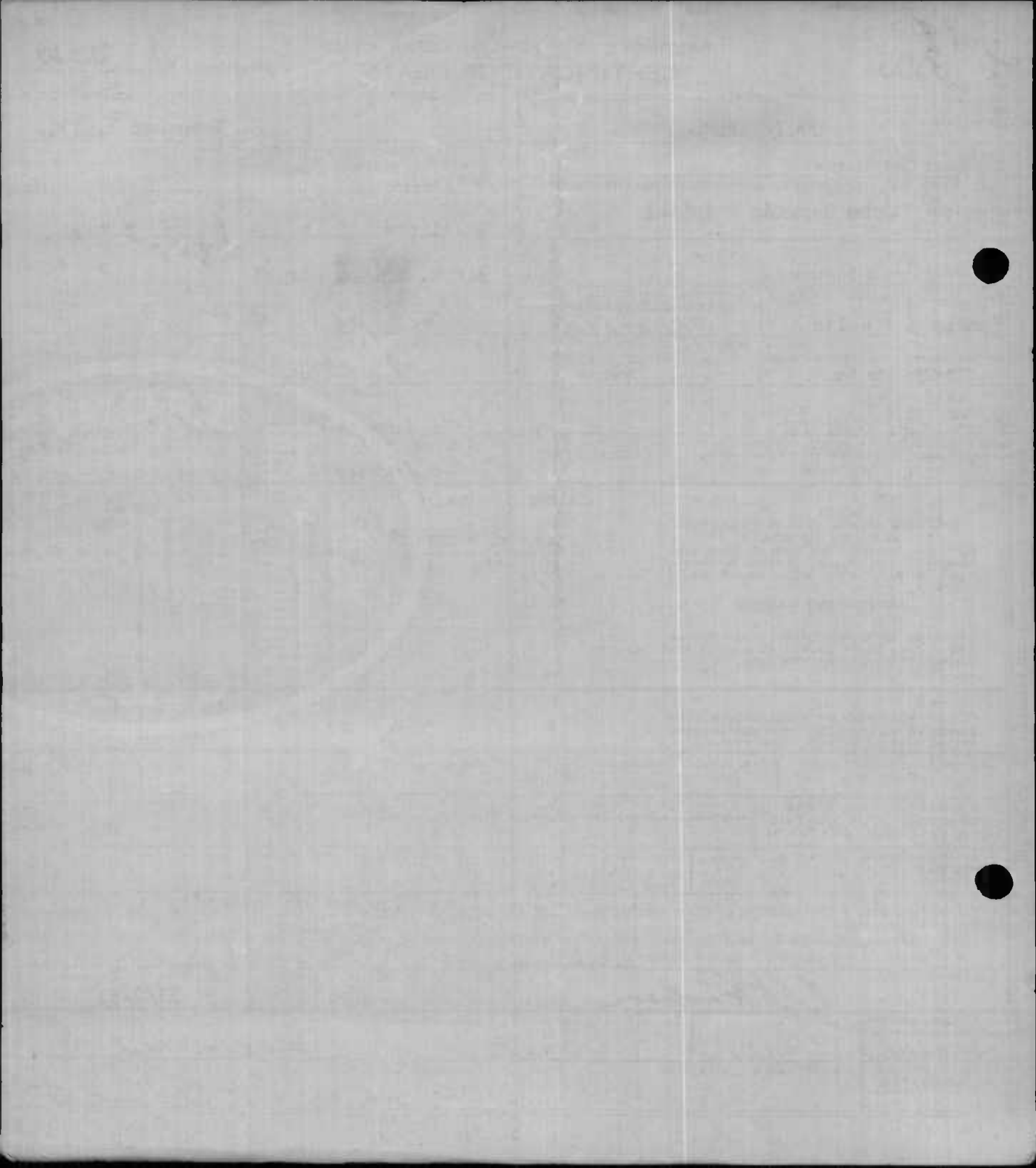
1. NAME OF DECEASED (Type or Print) LUCY THOMS				2. DATE OF DEATH November 1, 1951			
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY 7-03			
B. FULL NAME OF HOSPITAL OR INSTITUTION John Hopkins Hospital				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
C. Length of stay in Baltimore				D. STREET ADDRESS (If rural, give location) 948 N. Duncan Street			
5. SEX Female		6. COLOR OR RACE White		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 5/16/1906	
9. AGE (in years last birthday) 45		10. UNDER 1 Year Months: Days:		11. UNDER 24 Hours Hours: Min.		12. CITIZEN OF WHAT COUNTRY	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				10B. KIND OF BUSINESS OR INDUSTRY Own Home			
13. FATHER'S NAME Wm E. Behr				14. MOTHER'S MAIDEN NAME Adaline K. Snyder			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No				16. SOCIAL SECURITY NO.			
17. INFORMANT Wm E. Thoms				ADDRESS 255 Riverview Ave			

18. 353.3 1		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) Bronchopneumonia DUE TO Idiopathic epilepsy			
ANTECEDENT CAUSES		(B) _____ DUE TO _____			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C) _____ DUE TO _____			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE R. B. Fisher		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED 11/2/51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 11/6/51		24C. NAME OF CEMETERY OR CREMATORY Balto.	
24D. LOCATION (City, town, or county) (State) Balto. Md.		25. FUNERAL DIRECTOR Wm E. Cook Inc. 1217 St. Paul St.			



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51 9506

51 9506

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Margaret Mac Cubbin</i>		2. DATE OF DEATH <i>11-3-51</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>BALTO</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>MD</i> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>University Hosp</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>BALTO</i>	
C. Length of stay in Baltimore ?		D. STREET ADDRESS (If rural, give location) <i>609 Richwood Ave</i>	
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>M</i>	8. DATE OF BIRTH <i>9/18/23</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY <i>Housewife</i>	
13. FATHER'S NAME <i>Stephen Schooley</i>		14. MOTHER'S MAIDEN NAME <i>Elva</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>J. Roland Mac Cubbin</i>		18. HUSBAND <i>Hubert 609 Richwood Ave</i>	

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
(A) <i>Extreme Toxicity</i>		DUE TO			
(B) <i>Peritonitis</i>		DUE TO			
(C) <i>Abd. Adhesions, Perforation</i>		DUE TO			
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.					
20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

19A. DATE OF OPERATION <i>11/6/51</i>		19B. MAJOR FINDINGS OF OPERATION <i>Severe Abd. Adhesions</i>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from *10-31*, 19*51*, to *11-3*, 19*51*, that I last saw the deceased alive on *11-3*, 19*51*, and that death occurred at *8:25 AM*, from the causes and on the date stated above.

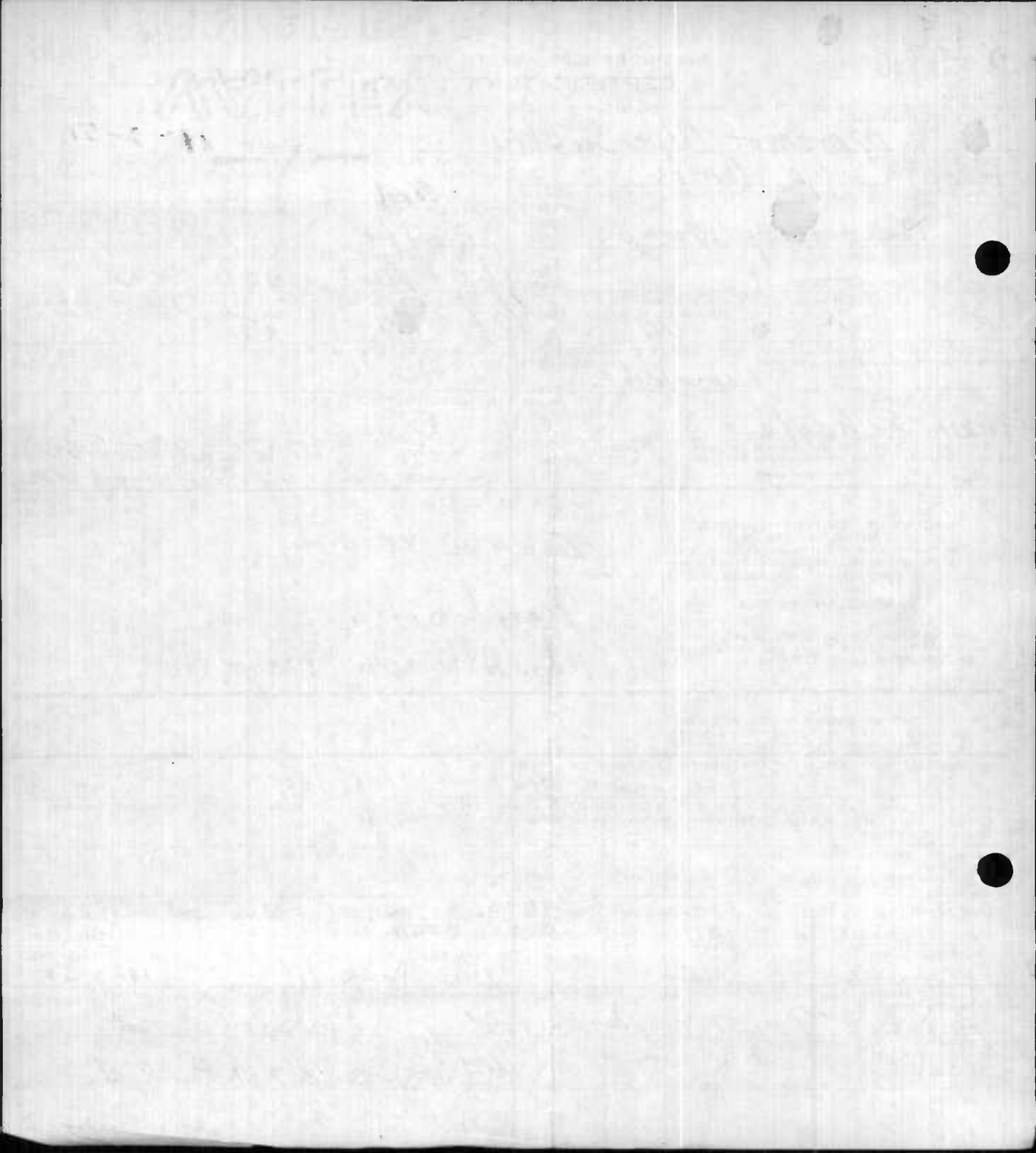
23A. SIGNATURE <i>Joseph C. Fitzgerald</i>		23B. ADDRESS <i>Univ. Hosp.</i>		23C. DATE SIGNED <i>11-3-51</i>	
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24A. BURIAL CREMATION-REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>11/6/51</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Parkwood</i>		24D. LOCATION (City, town, or county) (State) <i>Parkville Md.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>NOV 5-1951</i>		REGISTRAR'S SIGNATURE <i>William H. Williams, M.D.</i>		25. FUNERAL DIRECTOR <i>Wm Cook Inc.</i>		ADDRESS <i>1217 St. Paul St.</i>	

510309494

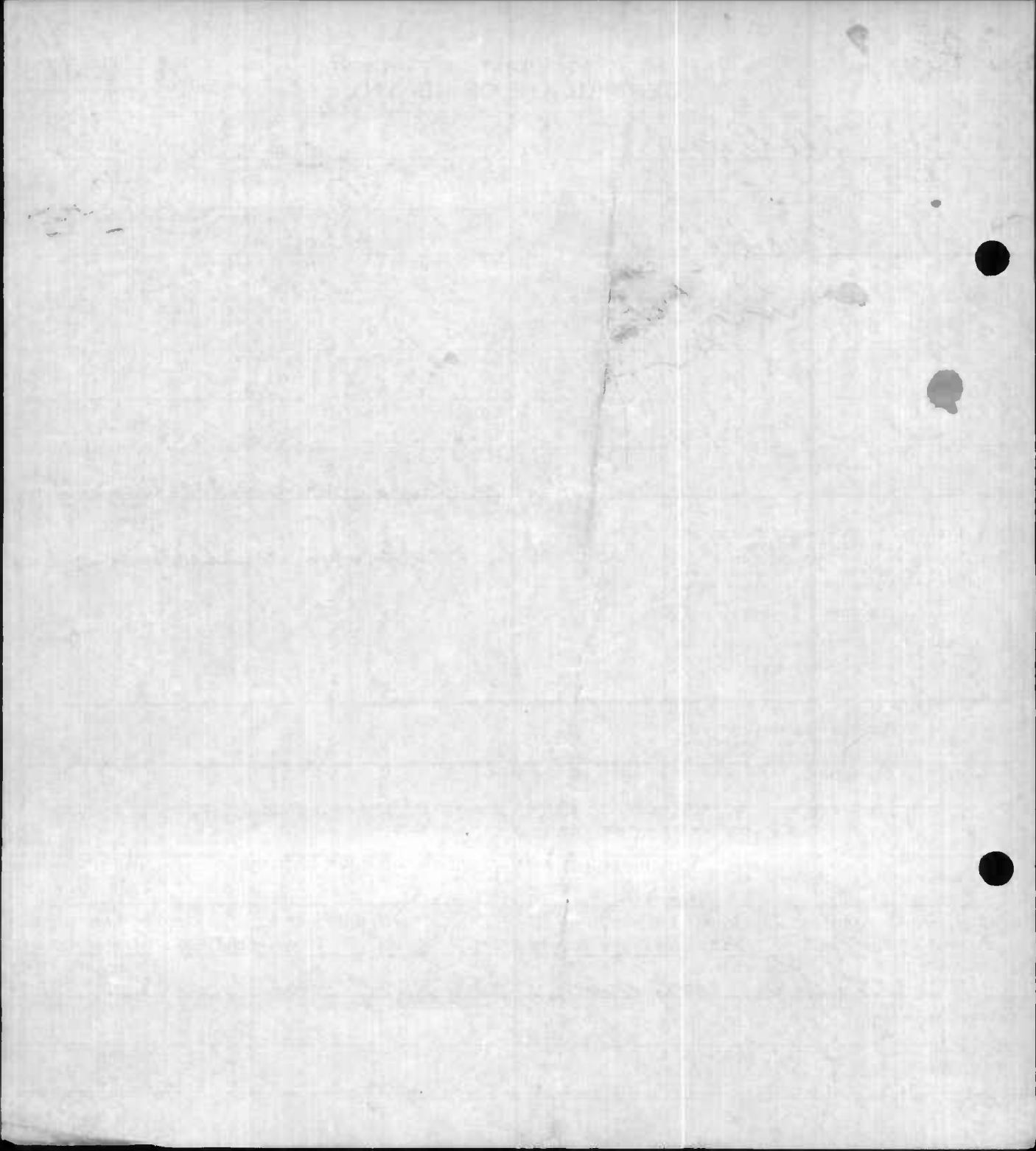
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MEDICAL CERTIFICATION



<div style="font-size: 2em; font-weight: bold; margin-bottom: 5px;">326</div> <div style="font-size: 1.5em; font-weight: bold;">51 9507</div>		<div style="font-weight: bold;">BALTIMORE CITY HEALTH DEPARTMENT</div> <div style="font-weight: bold;">CERTIFICATE OF DEATH</div>		<div style="font-size: 1.5em; font-weight: bold;">51 9507</div> <div style="font-weight: bold;">Registered No.</div>	
BIRTH NO.					
1. NAME OF DECEASED (Type or Print) <i>William T. Switzer</i>			2. DATE OF DEATH <i>11/5/51 1:15 P.M.</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>MD</i> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>1735 Carwell St</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto</i>		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <i>1735 Carwell St.</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>5/21/1891</i>	9. AGE (In years last birthday) <i>60</i>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Mechanic</i>			10B. KIND OF BUSINESS OR INDUSTRY <i>P.O. - U.S. Govt</i>		11. BIRTHPLACE (State or foreign country) <i>Balto, Md.</i>
12. CITIZEN OF WHAT COUNTRY?			13. FATHER'S NAME <i>Edwin Switzer</i>		
14. MOTHER'S MAIDEN NAME <i>Louise P. Lennoff</i>			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		
16. SOCIAL SECURITY NO.			17. INFORMANT ADDRESS <i>Mrs. Grace Switzer, 1735 Carwell St.</i>		
18. CAUSE OF DEATH					
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Acute Myelogenous Leukemia</i>					
DUE TO					
ANTECEDENT CAUSES					
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO					
DUE TO					
DUE TO					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Oct 5</i> , 19 <i>51</i> , to <i>Nov 2</i> , 19 <i>51</i> , that I last saw the deceased alive on <i>Nov 2</i> , 19 <i>51</i> , and that death occurred at <i>1 P</i> m., from the causes and on the date stated above.					
23A. SIGNATURE <i>Dr. H. Zimmerman M.D.</i>		23B. ADDRESS <i>2855 Harford Rd</i>		23C. DATE SIGNED <i>11-3-51</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>11/6/51</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Western</i>	
24D. LOCATION (City, town, or county) (State) <i>Balto. Md.</i>		25. FUNERAL DIRECTOR <i>Wm Gork Inc. 1217 St. Paul St.</i>		ADDRESS	
DATE RECEIVED BY LOCAL REGISTRAR <i>NOV 5 - 1951</i>		REGISTRAR'S SIGNATURE <i>Wm Gork Inc.</i>		55490	
VS 150		74a			

MEDICAL CERTIFICATION

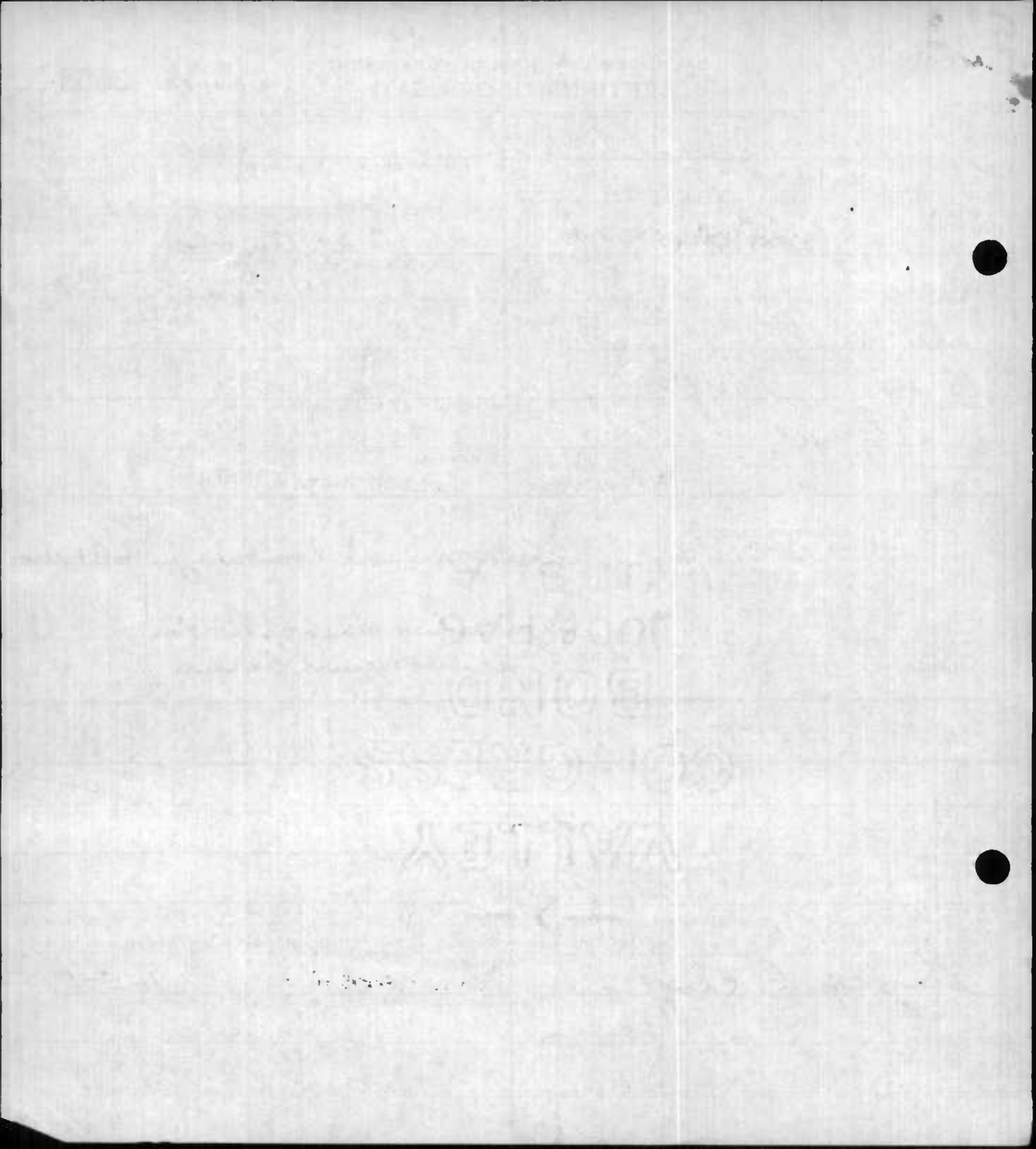


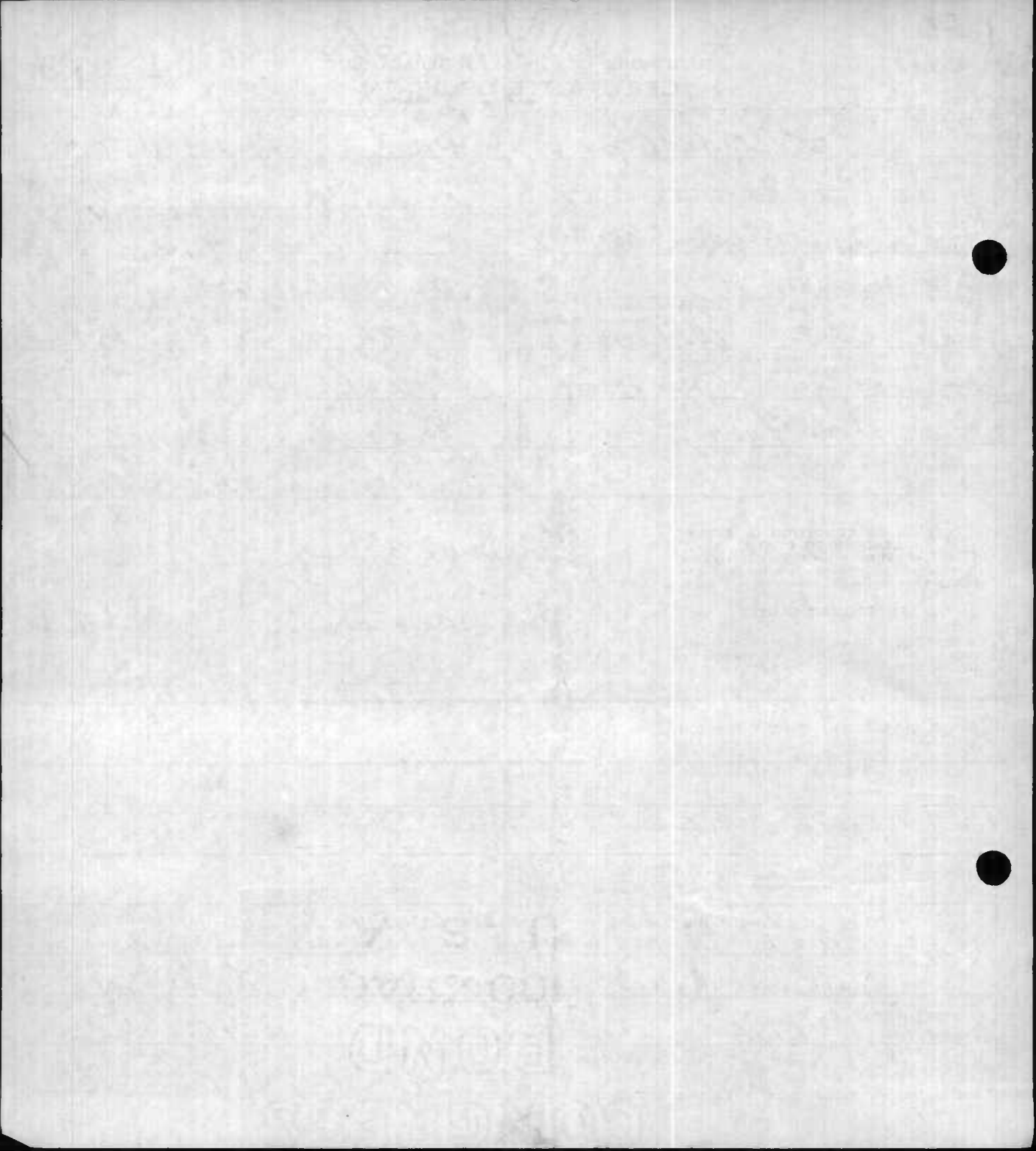
1 300
9508

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 9508

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		Frederick Sheidow		Nov 3, 1951	
3. PLACE OF DEATH:		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
A. Baltimore City, Maryland		A. STATE Md B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)			
JOHNS HOPKINS HOSPITAL		Baltimore			
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location)			
Yrs. Mos. Days		919 Wilmet Ct			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year Months: Days Hours: Min.
Male	White	Married	2-15-80	71	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)	
Retired		Steam fitter		Nova Scotia	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		12. CITIZEN OF WHAT COUNTRY?	
Thomas Sheidow		Margaret Woods			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS	
no		25-01-4023		JOHNS HOPKINS HOSPITAL	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
		Subarachnoid hemorrhage		60 hours	
ANTECEDENT CAUSES		(A) DUE TO			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) DUE TO			
		Hypertensive arteriosclerotic cardiovascular disease			
(C) DUE TO					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?	
				YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 11-1-1951 to 11-3-1951, that I last saw the deceased alive on 11-3-1951, and that death occurred at 2:30 PM from the causes and on the date stated above.					
23A. SIGNATURE		23B. ADDRESS		23C. DATE SIGNED	
Leighton E. Clough		JOHNS HOPKINS HOSPITAL		11-3-51	
24A. BURIAL CREMATION-REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
Burial		11/7/51		Greenhill	
24D. LOCATION (City, town, or county)		24E. NAME OF CEMETERY OR CREMATORY		24F. LOCATION (City, town, or county)	
Haysboro Pa		Haysboro Pa		Haysboro Pa	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR ADDRESS	
NOV 5 - 1951		J. H. Williams, M.D.		400 Cook Inc. 1217 St. Paul St.	





140
51 9510BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 9510

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Alice E Mobley

2. DATE
OF
DEATH

11/4/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

1715 Spence St

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Baltimore City

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

Baltimore City

B. COUNTY

C. CITY OR TOWN

Baltimore City

D. STREET ADDRESS (If rural, give location)

1715n Spence

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Female White

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

April 21 1869 ? 81 ?

9. AGE (in years last birthday)

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Balto Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Frederick Imfang 1715 Spence St Balto

1B.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A)
DUE TO

Pulmonary Embolism

2 hrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO

Thrombophlebitis of leg

4 days

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 14, 1950, to Nov. 4, 1951, that I last saw the deceased alive on Oct. 31, 1951, and that death occurred at 6:45 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Edward Toulson Balto 39 Md

Edward Toulson

VS 150

100 B

MEDICAL CERTIFICATION

520
1 9511

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 9511

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) SADIE REECE THOMAS.			2. DATE OF DEATH NOVEMBER 4 1951		
3. PLACE OF DEATH: a. Baltimore City, Maryland BALTIMORE CITY			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE BALTIMORE CITY b. COUNTY _____		
b. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) HARFORD CONVALESCENCE HOME 4700 HARFORD AVE			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE MARYLAND		
c. Length of stay in Baltimore LIFE			d. STREET ADDRESS (If rural, give location) 2 WEST UNIVERSITY PARKWAY.		
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH DEC 1, 1877		9. AGE (In years last birthday) 73
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED School Teacher			10b. KIND OF BUSINESS OR INDUSTRY Public Schools		11. BIRTHPLACE (State or foreign country) BALTIMORE
13. FATHER'S NAME John P. Thomas			14. MOTHER'S MAIDEN NAME Olivia Hays		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO			16. SOCIAL SECURITY NO. NONE		
17. INFORMANT Family Records			ADDRESS _____		

MEDICAL CERTIFICATION

18. 422.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CHRONIC MYOCARDITIS OCTOBER 20 1951 DUE TO ARTERIOR SCLEROSIS DUE TO SENILITY.			INTERVAL BETWEEN ONSET AND DEATH 1951 1951		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19a. DATE OF OPERATION NONE		19b. MAJOR FINDINGS OF OPERATION NONE		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from OCT 20 , 19 51 , to NOV 4 , 19 51 , that I last saw the deceased alive on NOV 4 , 19 51 , and that death occurred at 11 P.m. , from the causes and on the date stated above.					
23a. SIGNATURE <i>Charles F. Evans</i>		23b. ADDRESS 3013 ST PAUL STREET.		23c. DATE SIGNED NOV 5 1951	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 11/7/51		24c. NAME OF CEMETERY OR CREMATORY BALTIMORE CEMETERY	
24d. LOCATION (City, town, or county) (State) BALTIMORE MD		25. FUNERAL DIRECTOR CHARLES F EVANS & SON		ADDRESS _____	

VS 150

0938V 118 W. Mt. Royal Ave. 93D

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STATE OF OHIO

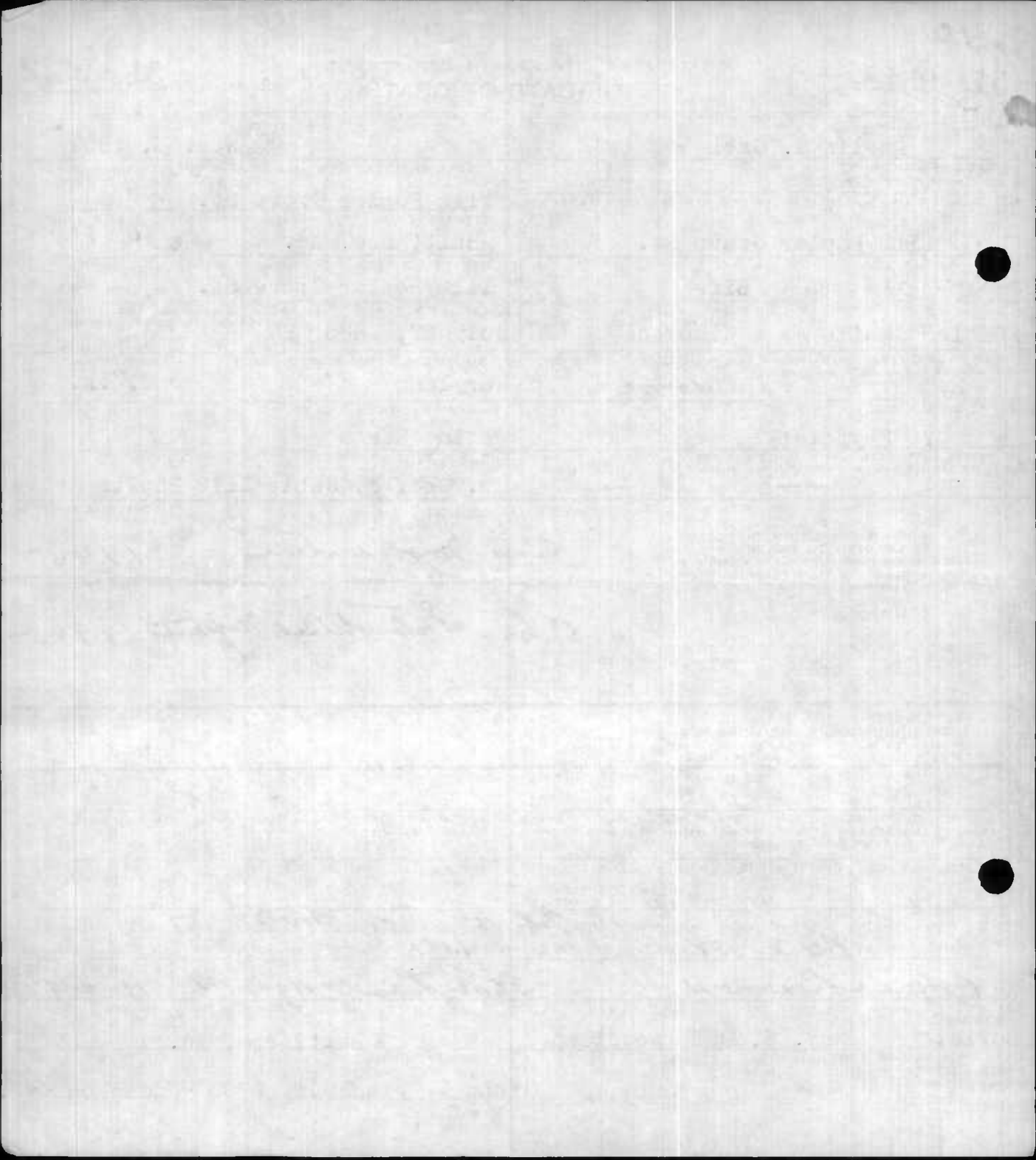
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51 9512

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 9512

1. NAME OF DECEASED (Type or Print) Amelia M. Gable		2. DATE OF DEATH Nov. 3, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE 1112 Poplar Grove St. B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION 1112 Poplar Grove St.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore, Md.	
C. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 1112 Poplar Grove St.	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH July 27, 1865
9. AGE (In years last birthday) 86		10. Under 1 Year Months: Days	11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home		10B. KIND OF BUSINESS OR INDUSTRY Home	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME ? Rayfeldt		14. MOTHER'S MAIDEN NAME Regina Deets	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) —		16. SOCIAL SECURITY NO. —	
17. INFORMANT Mr. Geo. F. Gable		ADDRESS 1112 Poplar Grove	
18. 592X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Ch. Myocarditis DUE TO Ch. Intestinal Nephritis DUE TO Ch. Intestinal Nephritis DUE TO Ch. Intestinal Nephritis		INTERVAL BETWEEN ONSET AND DEATH 1945-1945	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Oct 15 , 1951 to Nov 3 , 1951, that I last saw the deceased alive on Nov 2 , 1951, and that death occurred at 1:10 A.M. , from the causes and on the date stated above.			
23A. SIGNATURE James Brown		23B. ADDRESS 3602 Liberty Hgts. 9th	
23C. DATE SIGNED 11-3-51			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Nov. 6, 1951	
24C. NAME OF CEMETERY OR CREMATORY Woodlawn		24D. LOCATION (City, town, or county) (State) Baltimore, Md.	
DATE RECEIVED BY LOCAL REGISTRAR NOV 5 - 1951		REGISTRAR'S SIGNATURE John T. Stansbury	
25. FUNERAL DIRECTOR John T. Stansbury		ADDRESS 2700 Edmondson Ave.	



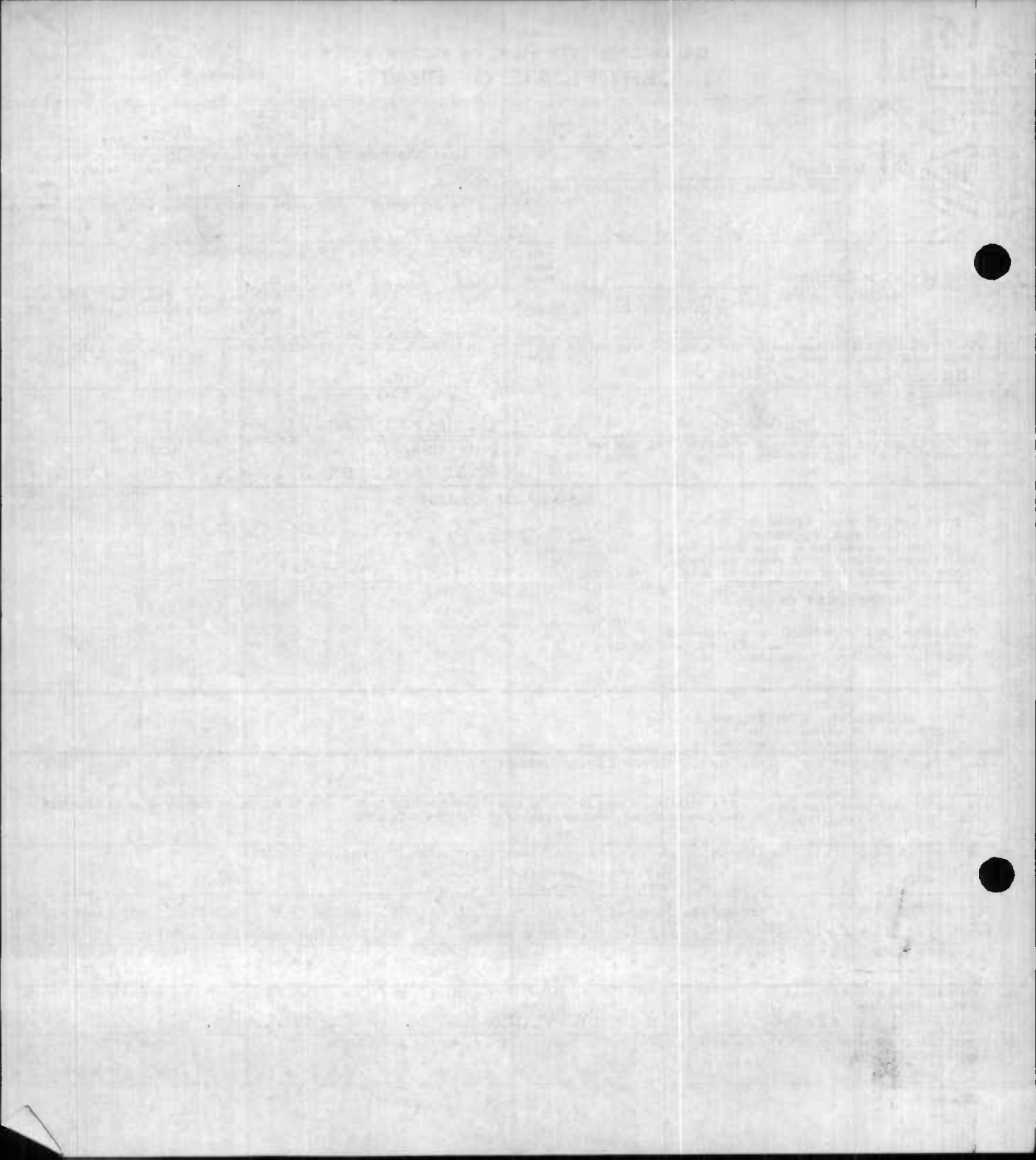
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51 9513

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 9513
Registered No.

1. NAME OF DECEASED (Type or Print) FLORENCE L. NEUS		2. DATE OF DEATH Nov. 3, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY	
5. FULL NAME OF HOSPITAL OR INSTITUTION 3015 Guilford Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
6. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 3015 Guilford Ave.	
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH June 16, 1882
9. AGE (in years last birthday) 69		10. Under 1 Year Months Days 11. Under 24 Hours Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10B. KIND OF BUSINESS OR INDUSTRY -	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME William L. Crean		14. MOTHER'S MAIDEN NAME Catherine Lally	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) -		16. SOCIAL SECURITY NO. -	
17. INFORMANT Miss Lyllyan Neus-3015 Guilford Ave		ADDRESS	
18. 170x I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) carcinoma of breast (A) DUE TO metastases ANTECEDENT CAUSES (B) DUE TO (C) DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION Oct 27, 1951			
19B. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour)	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Oct 27, 1951 , to Nov 3, 1951 , that I last saw the deceased alive on Oct 28, 1951 , and that death occurred at 4:20 m., from the causes and on the date stated above.			
23A. SIGNATURE Wm. J. Fickner		23B. ADDRESS 11 W. 29th St.	
23C. DATE SIGNED 11/5/51		24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24B. DATE 11/6/51		24C. NAME OF CEMETERY OR CREMATORY New Cathedral Cem.	
24D. LOCATION (City, town, or county) (State) Balto., Md.		25. FUNERAL DIRECTOR Wm. J. Fickner & Sons - Balto Md	
DATE RECEIVED BY LOCAL REGISTRAR NOV 5 - 1951		REGISTRAR'S SIGNATURE Wm. J. Fickner	

MEDICAL CERTIFICATION



535

51 9514

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

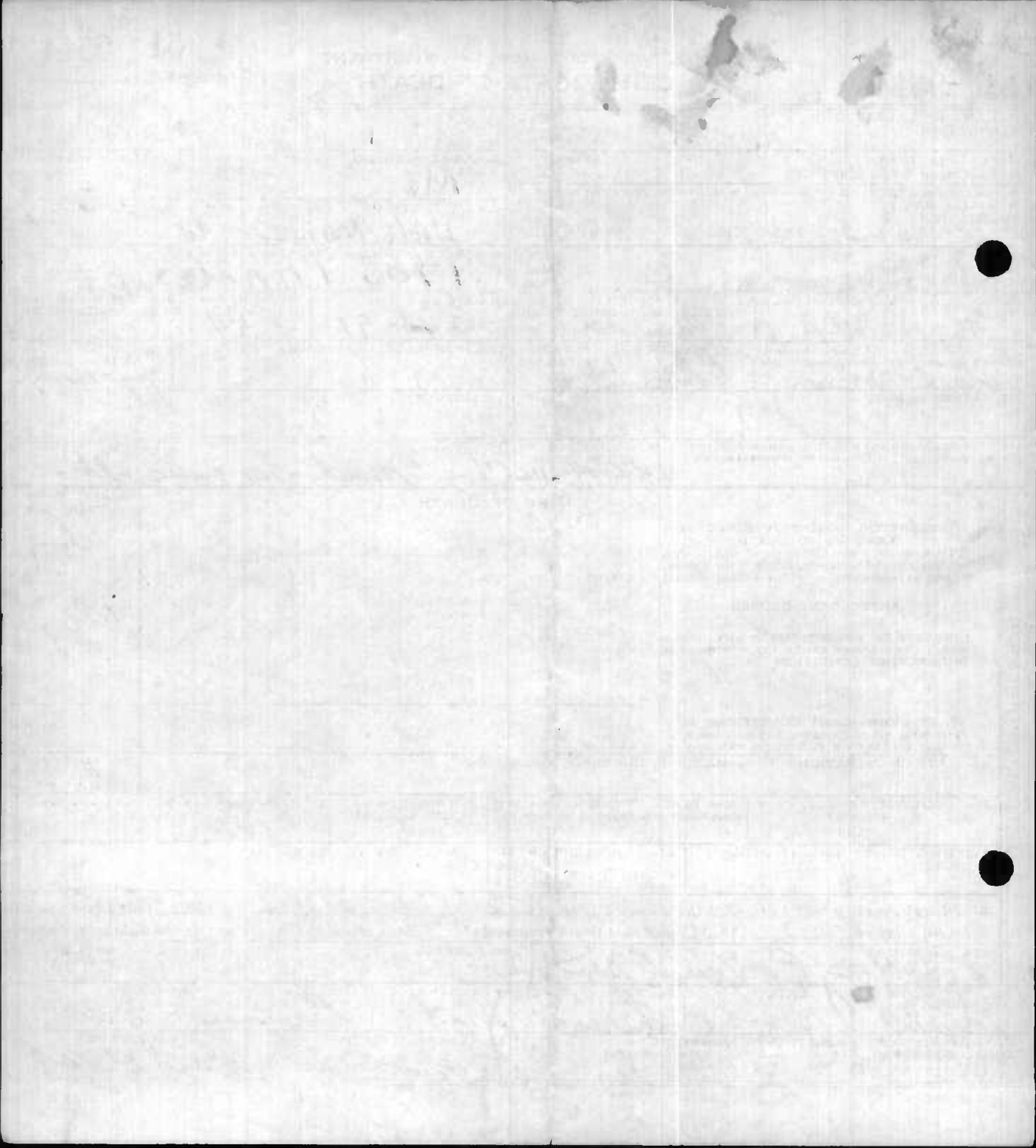
51 9514

1. NAME OF DECEASED (Type or Print) <i>Mirko ANTONIC</i>			2. DATE OF DEATH <i>19.2.51</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Baltimore</i> B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>Maryland General Hospital</i>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY _____ C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 2-03</i> D. STREET ADDRESS (If rural, give location) <i>91700 Thames St.</i>		
c. Length of stay in Baltimore <i>2</i> Yrs. Mos. Days			8. DATE OF BIRTH <i>10-1-97</i>		
5. SEX <i>M.</i>	6. COLOR OR RACE <i>W.</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	9. AGE (In years last birthday) <i>54</i>		10. Under 1 Year Months Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Stone Mason</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Contractor</i>	11. BIRTHPLACE (State or foreign country) <i>Yugoslavia</i>		12. CITIZEN OF WHAT COUNTRY <i>Yugoslavia</i>
13. FATHER'S NAME <i>?</i>		14. MOTHER'S MAIDEN NAME <i>?</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO. <i>244-09-6112</i>		17. INFORMANT ADDRESS <i>Chas. Pipnick - 901 Fell St.</i>	
18. <i>493X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) <i>Heart failure</i> DUE TO (B) <i>Pneumonia</i> DUE TO (C) _____ INTERVAL BETWEEN ONSET AND DEATH <i>1 day</i> <i>1 day</i>					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>11.2</i> , 19 <i>51</i> to <i>11.2</i> , 19 <i>51</i> , that I last saw the deceased alive on <i>11.2</i> , 19 <i>51</i> , and that death occurred at <i>3:05</i> p.m., from the causes and on the date stated above.					
23A. SIGNATURE <i>William C. Keenan MD</i>		23B. ADDRESS <i>Maryland General Hospital</i>		23C. DATE SIGNED <i>11.2.1951</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE <i>10-6-51</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Sacred Heart</i>	
24D. LOCATION (City, town, or county) <i>Baltimore</i>		24E. LOCATION (State) <i>Md.</i>			
DATE RECEIVED BY REGISTAR <i>NOV 5 - 1951</i>		REGISTRAR'S SIGNATURE <i>William C. Keenan</i>		25. FUNERAL DIRECTOR ADDRESS <i>2038 S. 1st St.</i>	

MEDICAL CERTIFICATION

5042450

109B



320
9515BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 9515

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

John Stasko

2. DATE
OF
DEATH

11/5/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

University Hosp.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, ~~MARRIED~~
WIDOWED, DIVORCED (Specify)10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)Bertincher
13. FATHER'S NAME10B. KIND OF BUSINESS OR
INDUSTRY

Race Tracks

Andrew Stasko

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

Yes

16. SOCIAL
SECURITY NO.

8. DATE OF BIRTH

Oct. 28, 1895

9. AGE (In years
last birthday)

56

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Pa.

12. CITIZEN OF
WHAT COUNTRY?

U.S.

14. MOTHER'S MAIDEN NAME

Anna Mylab.

17. INFORMANT

ADDRESS

Pt.

18. 331X I CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) C. V. D.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Hypertension

DUE TO

(C) G. I. hemorrhage

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Hepato megaly hyperglycemia

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/4 1951, to 11/5 1951, that I last saw the
deceased alive on 11/5 1951, and that death occurred at 12:30 a.m., from the causes and on the date stated above.

23A. SIGNATURE

E. B. G. P.

M. D.

23B. ADDRESS

Univ. Hosp.

23C. DATE SIGNED

11/5/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Removal

24B. DATE

11/5/51

24C. NAME OF CEMETERY OR CREMATORY

Union Cemetery

24D. LOCATION (City, town, or county) (State)

Weatherly, Penna.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

NOV 5 - 1951

Wm. Cook, Inc.

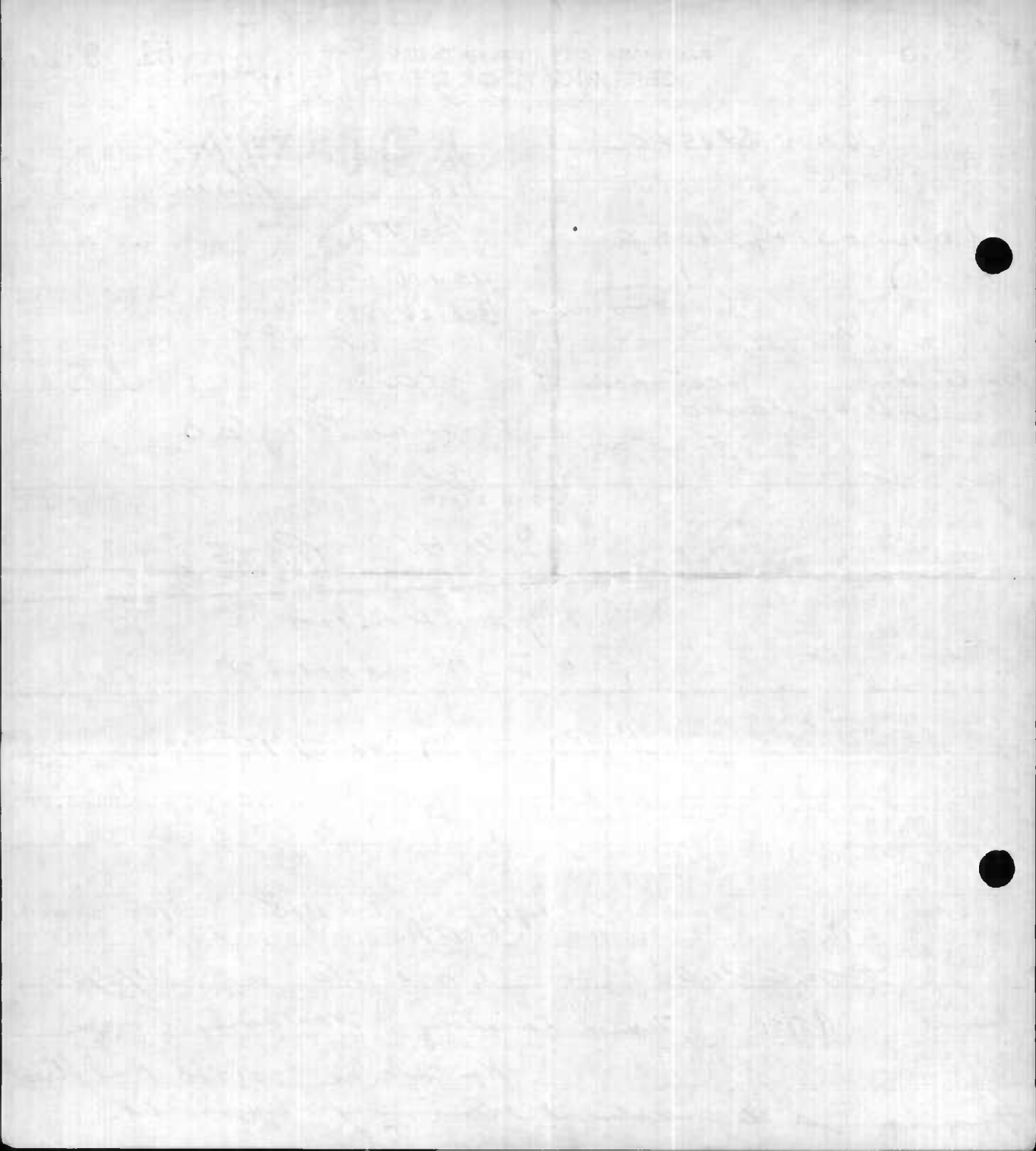
25. FUNERAL DIRECTOR

ADDRESS

Wm. Cook, Inc., 1217 E. Paul Street

VS 150

Transcript to medical examiner for approval. 83a
7508M



320 51 9516

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 9516
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) August Henry Mattheiss, Sr.		2. DATE OF DEATH November 2, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
C. Length of stay in Baltimore 75		D. STREET ADDRESS (If rural, give location) 3706 Fifth Street			
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 24, 1876	9. AGE (In years last birthday) 75	If Under 1 Year: Months Days; If Under 24 Hours: Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10B. KIND OF BUSINESS OR INDUSTRY Insurance Bus.		11. BIRTHPLACE (State or foreign country) Baltimore, Maryland	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME John Henry Mattheiss		14. MOTHER'S MAIDEN NAME Katherine Bender	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.		17. INFORMANT Louis A. Mattheiss	
18. 4221		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)		(A) Cerebral Vascular Accident with right side hemaplasia.			
ANTECEDENT CAUSES		(B) Arteriosclerotic cardio-vascular Disease.			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.					
23A. SIGNATURE [Signature]		23B. ADDRESS 1400 N. Caroline Street		23C. DATE SIGNED 11/2/51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 11/6/51		24C. NAME OF CEMETERY OR CREMATORY Woodlawn Cem.	
24D. LOCATION (City, town, or county) (State) Woodlawn, Md.		24E. NAME OF FUNERAL DIRECTOR Longley Funeral Home		24F. ADDRESS 4001 Ritchie Hwy	
DATE RECEIVED BY LOCAL REGISTRAR NOV 8 - 1951		REGISTRAR'S SIGNATURE [Signature]		FUNERAL DIRECTOR'S SIGNATURE [Signature]	

93D

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51 9517

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 9517

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JAMES RAIL WOOSTER, Jr.

2. DATE
OF
DEATH

Nov. 4, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE Wisconsin

B. COUNTY V-46

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR US Public Health Service location)
INSTITUTION Hospital

Wagon Pk. Drive & 31st St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Two Rivers

D. STREET ADDRESS (If rural, give location)

Route 1

c. Length of stay in Baltimore

28 days

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH

3/6/28

9. AGE (In years
last birthday)

23

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR
INDUSTRY

CG Retired

11. BIRTHPLACE (State or foreign country)

Mich.

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

James Wooster

14. MOTHER'S MAIDEN NAME

Clara Brown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

Yes

WW 2- USCG

16. SOCIAL
SECURITY NO.

377-26-9608

17. INFORMANT

ADDRESS

Records-US PHS HOSPITAL, Balto, Md.

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) Pontine tumor of brain

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Postoperative state craniotomy
posterior cranial fossa

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

Over 2 yrs.

13 days

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

10/22/51

19B. MAJOR FINDINGS OF OPERATION

Cerebellar abscess

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 7, 1951, to Nov. 4, 1951, that I last saw the
deceased alive on Nov. 4, 1951, and that death occurred at 10:15 Pm., from the causes and on the date stated above.

23A. SIGNATURE

Leslie T. Mc Clinton, SA Surgeon

M. D.

23B. ADDRESS

US PHS Hospital, Balto, Md.

23C. DATE SIGNED

11/5/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

Nov. 5-1951

24C. NAME OF CEMETERY OR CREMATORY

Beduhn - Dey & Martin

24D. LOCATION (City, town, or county)

Two Rivers - Wisconsin

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

NOV 6 - 1951

REGISTRAR'S SIGNATURE

[Signature]

25. FUNERAL DIRECTOR

Carl B. Woberton Funeral Home Inc

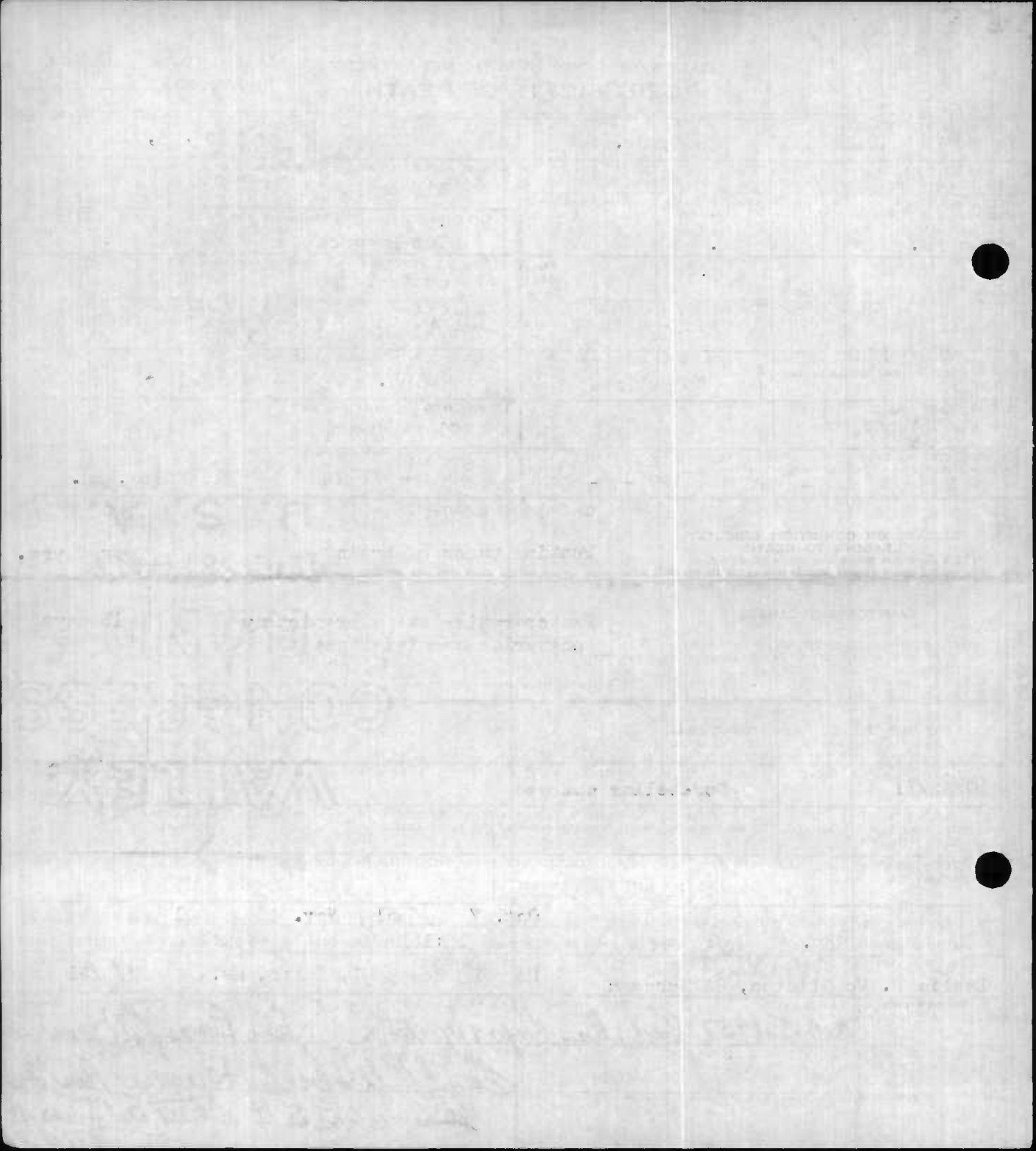
ADDRESS

5959 403-E-25th Street, Baltimore-18 Md.

VS 150

5959 403-E-25th Street, Baltimore-18 Md.

MEDICAL CERTIFICATION



51 9518

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 9518

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Sarah Edmonds

2. DATE
OF
DEATH

11-3-51

3. PLACE OF DEATH:

a. Baltimore City, Maryland Balto. Md

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

406 W. Henrietta St.

8. FULL NAME OF
HOSPITAL OR
INSTITUTION

406 W. Henrietta St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F.

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

3-29-1901

9. AGE (In years
last birthday)

50

If Under 1 Year

Months

Days

If Under 24 Hours

Hours

Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

House wife

11. BIRTHPLACE (State or foreign country)

Ga.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Nick Keys-

14. MOTHER'S MAIDEN NAME

Mary Square

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS.

James Edmonds 406 Henrietta St

18. 490x I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asphyxia, etc. It means the disease,
injury or complication which caused death.)

(A) Heart failure

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) lobac pneumonia

DUE TO

(C)

1 week.

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 31, 1951, to Nov 3, 1951, that I last saw the
deceased alive on Nov 3, 1951, and that death occurred at 3:00 P.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

11-8-51

Chase Maryland

Balto. Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

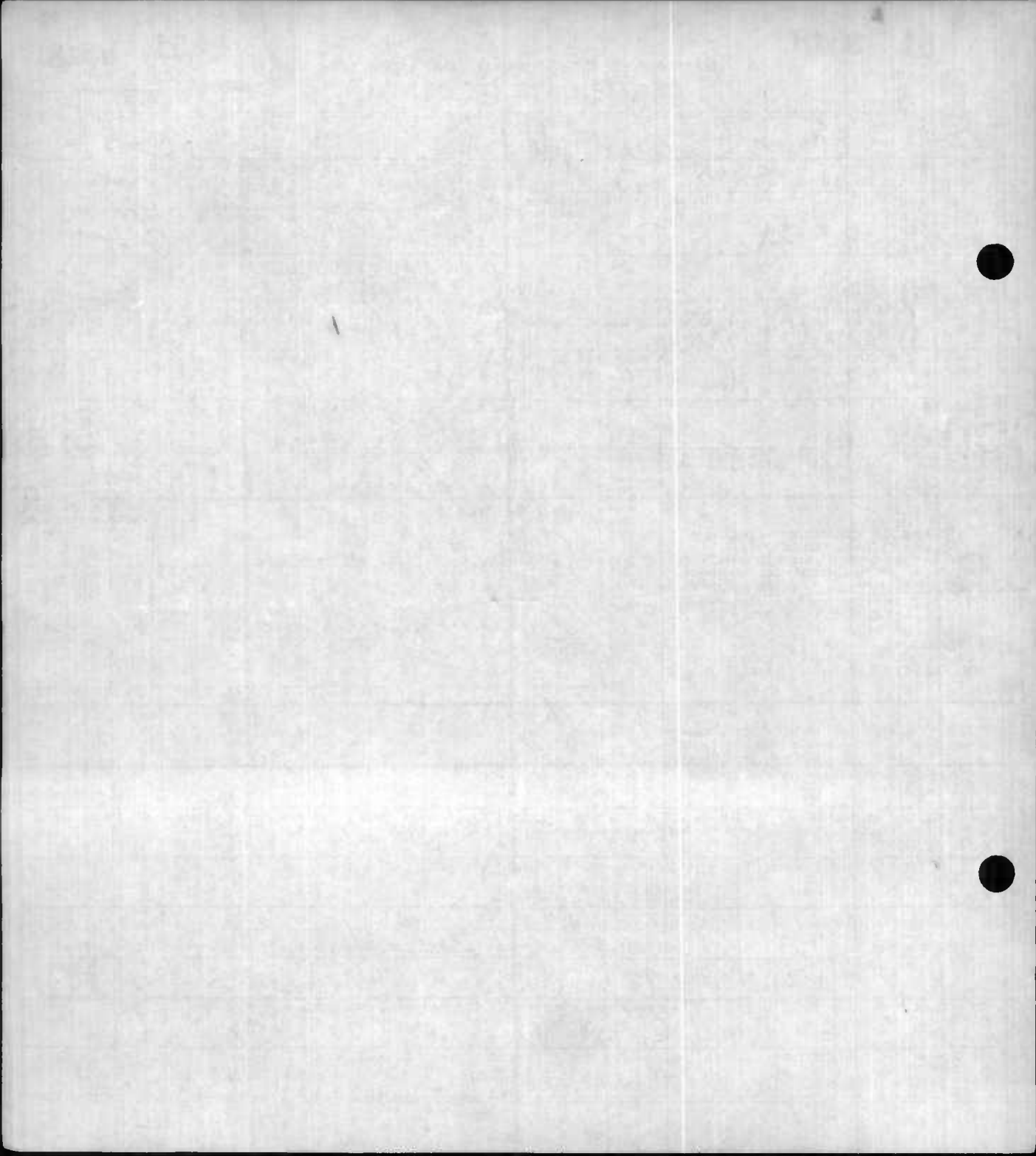
25. FUNERAL DIRECTOR

ADDRESS

NOV 6 - 1951

W. B. Spragg

139 W. Hamling St.



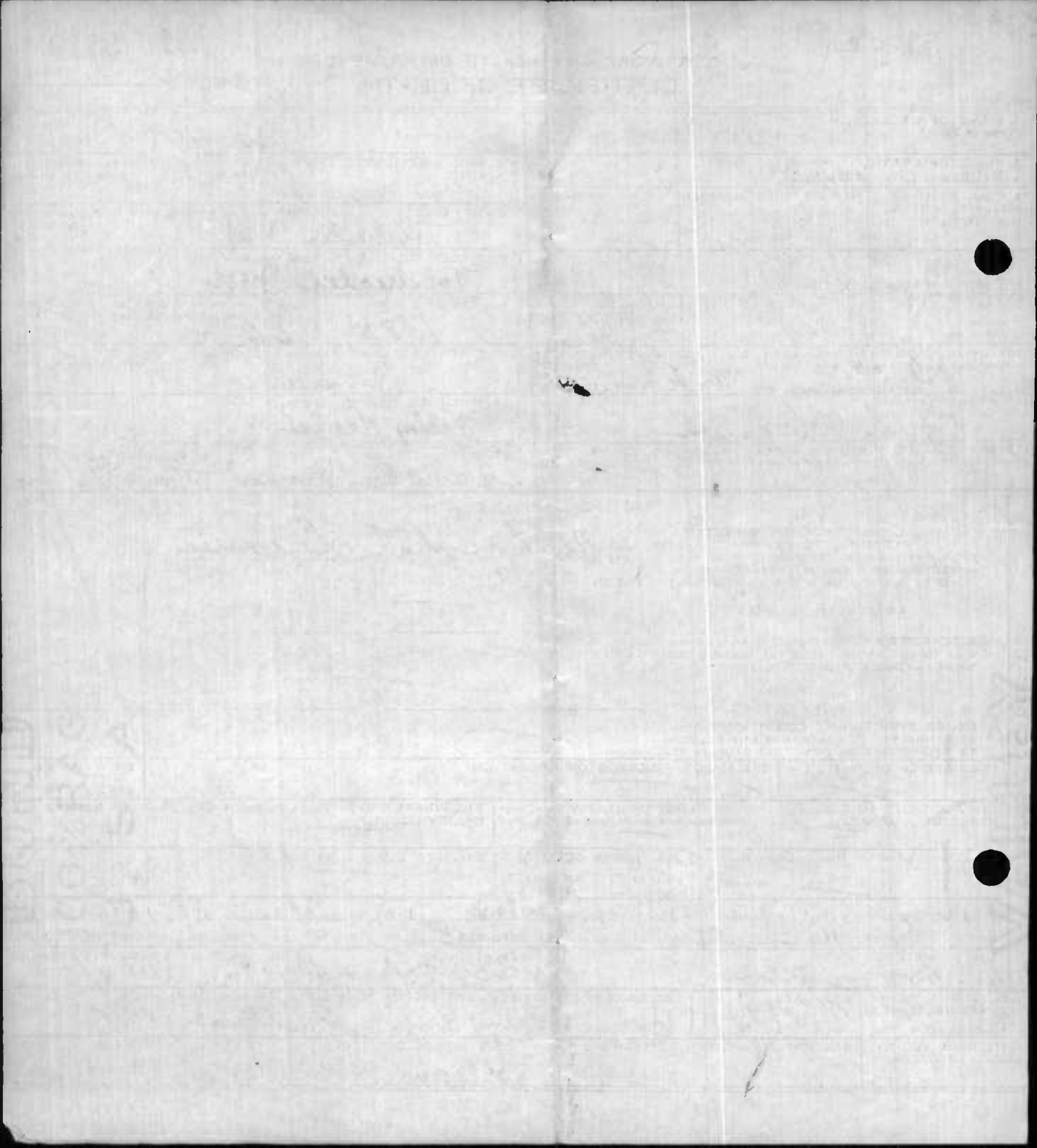
51 9519

51 9519

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		HERMAN KRAMER		11/4/51	
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
B. FULL NAME OF HOSPITAL OR INSTITUTION 4613 Park Heights Ave. Mt. Sinai Home				A. STATE Maryland B. COUNTY Kent	
C. LENGTH OF STAY IN BALTIMORE				C. CITY OR TOWN Tolchester Md. D. STREET ADDRESS Tolchester Md. 6400	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 1885	9. AGE (In years last birthday) 66	11. BIRTHPLACE (State or foreign country) Russia
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		10B. KIND OF BUSINESS OR INDUSTRY Unknown	12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME Louis Kramer		14. MOTHER'S MAIDEN NAME Libby Kaplan		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	
		16. SOCIAL SECURITY NO.		17. INFORMANT David Ben Kramer Towanda Ave 3817	
18. 504.0 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH Ch. Lymphatic Leucemia ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 10/28, 1951, to 11/2, 1951, that I last saw the deceased alive on 11/2, 1951, and that death occurred at 6:04 a.m., from the causes and on the date stated above.					
23A. SIGNATURE A. H. Hornstein		23B. ADDRESS 204 E. Beall St. M. O.		23C. DATE SIGNED 11/4/51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Nov 6/51		24C. NAME OF CEMETERY OR CREMATORY Bellevue Nursing Home	
24D. LOCATION (City, town, or county) (State) Baltimore Md		24E. FUNERAL DIRECTOR Sol. Levinson & Bros.		24F. ADDRESS 1124-26 W. North Ave.	
DATE RECEIVED BY LOCAL REGISTRAR NOV 6 - 1951		REGISTRAR'S SIGNATURE W. J. Williams		FUNDING DIRECTOR	



51 9520

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 9520
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)*Abraham Borinsky*2. DATE
OF
DEATH*11/5/51*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION*St. Agnes Hospital*Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

Baltimore 15-13
2539 Loyola Southern

c. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

*White*7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)*WIDOWED*

8. DATE OF BIRTH

9/20

9. AGE (in years last birthday)

*72*10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Owner

10B. KIND OF BUSINESS OR INDUSTRY

GROCERY

11. BIRTHPLACE (State or foreign country)

*Russia*12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Isaac Borinsky

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Louis Borinsky *Norton Rd*

18.

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Pulmonary edema
1. Myocardial failure
2. Hypoproteinemia
Cause of the R. failure

(B)

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.INTERVAL BETWEEN
ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *10/31*, 1951, to *11/5*, 1951; that I last saw the deceased alive on *10/31*, 1951, and that death occurred at *8:10 Am.*, from the causes and on the date stated above.

23A. SIGNATURE

George J. Allen M. O.

23B. ADDRESS

St Agnes Hospital

23C. DATE SIGNED

11/5/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

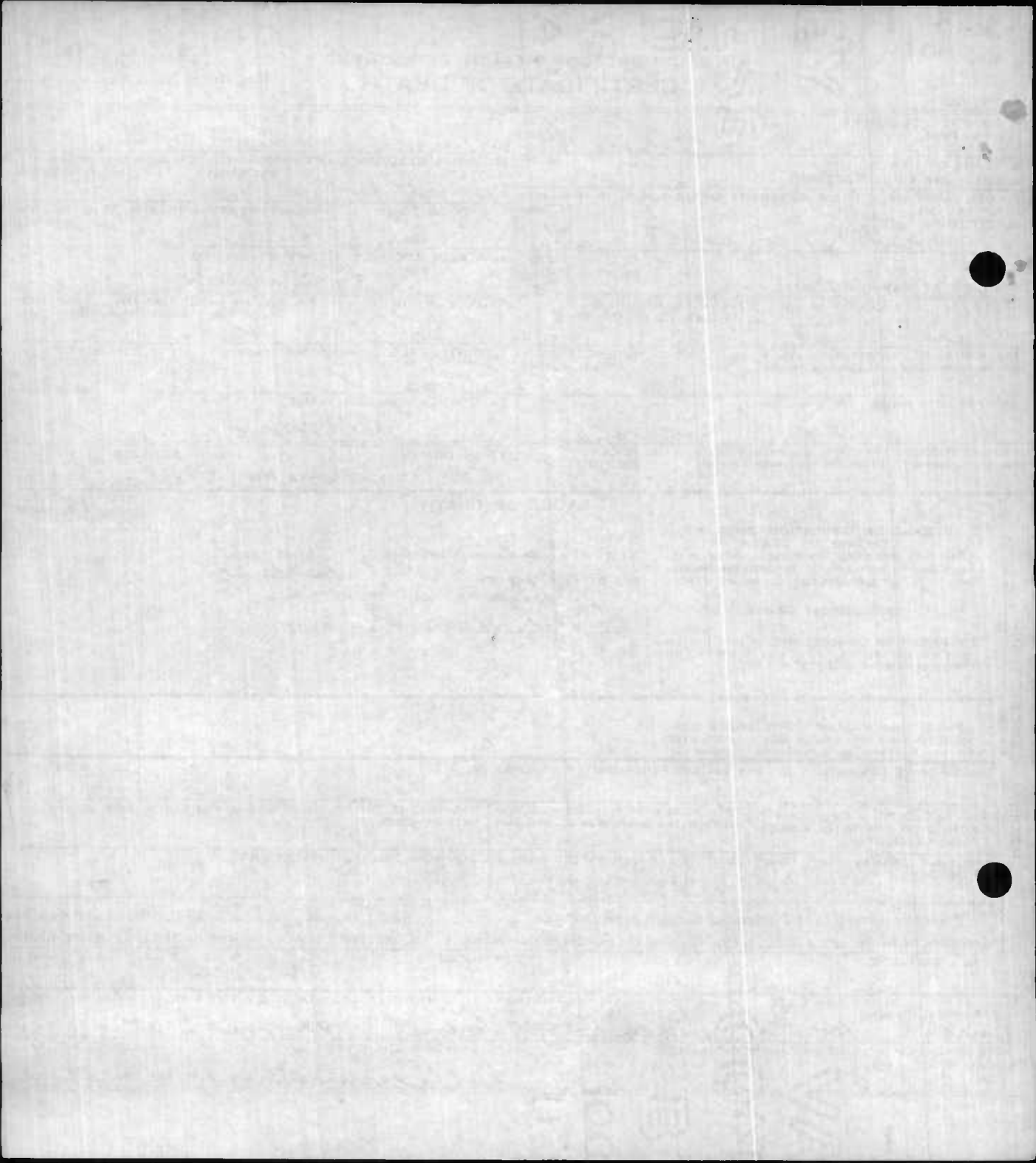
*NOV 6 - 1951**Washington Williams**Sal Levinson* *26 W North Ave*

VS 150

2906A

467

MEDICAL CERTIFICATION



123
620
51 9521BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 9521

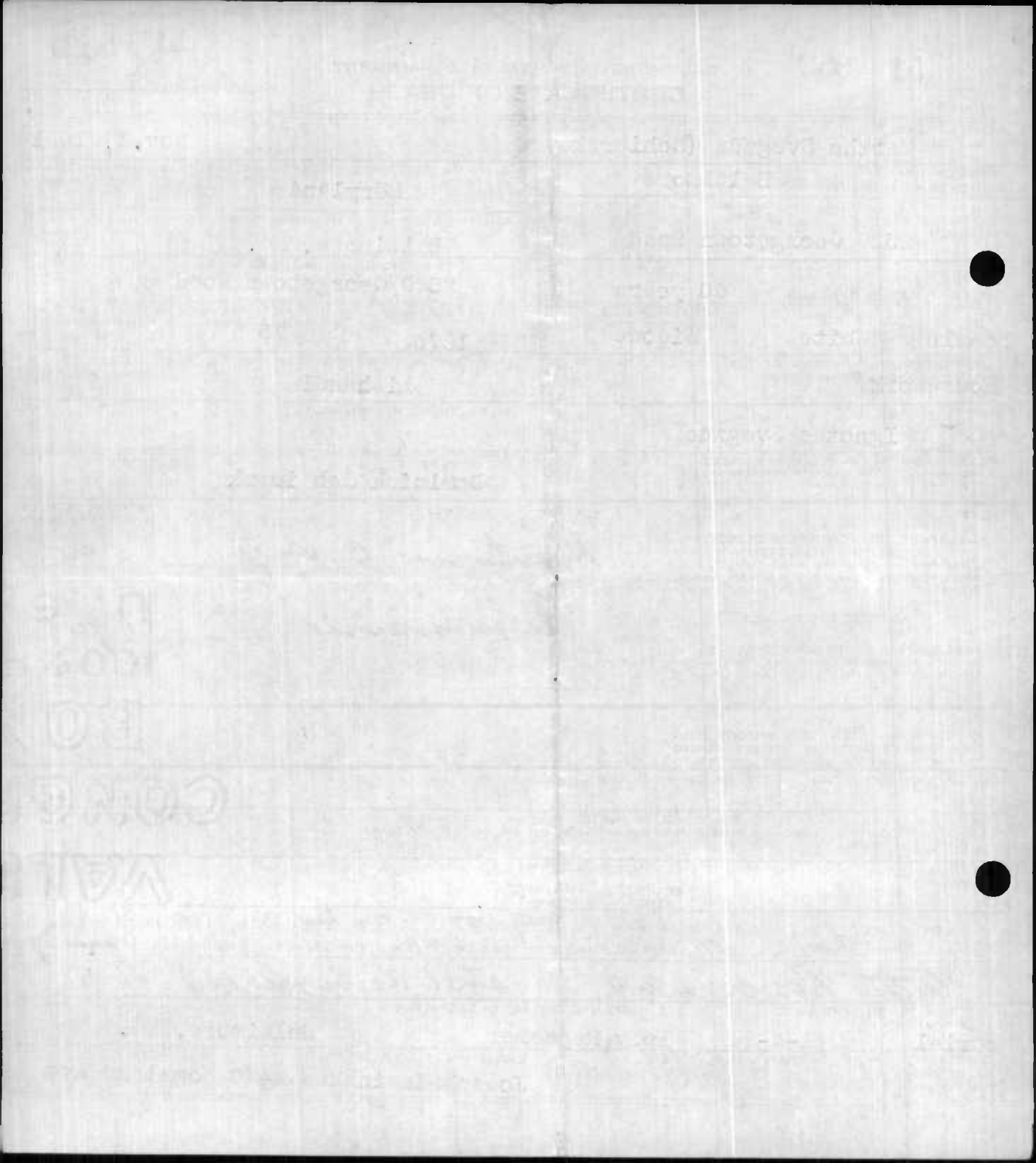
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) Martha Svezgda (Schierzka)		2. DATE OF DEATH Nov. 3, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE 2529 Maryland B. COUNTY own Road	
B. FULL NAME OF (If not in hospital or institution, give street address or location) INSTITUTION 2529 Georgetown Road		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore, Md. 25-52	
c. Length of stay in Baltimore 60 years Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 2529 Georgetown Road	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 1876
9. AGE (In years last birthday) 75		If Under 1 Year Months Days	If Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Lithuania		12. CITIZEN OF WHAT COUNTRY? ?	
13. FATHER'S NAME Ignotas Svezgda		14. MOTHER'S MAIDEN NAME ?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Dominick Schierzka		ADDRESS	

18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Hypertensive C-V-D DUE TO Arteriosclerosis DUE TO ?	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH 5 yrs? 10 yrs?
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> m. WORK AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from July 27, 1951 , to Nov. 3, 1951 , that I last saw the deceased alive on Nov. 3, 1951 , and that death occurred at 6:00 A. m. , from the causes and on the date stated above.					
23A. SIGNATURE C. Arthur Rossberg M.D. M. D.		23B. ADDRESS 2436 Washington Blvd		23C. DATE SIGNED 11/5/51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 11-6-51		24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer	
24D. LOCATION (City, town, or county) (State) Baltimore, Md.		24E. FUNERAL DIRECTOR Joseph Kasinkas ADDRESS 1430 Homeland Ave			



920 51 9522

51 9522

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO.			1. NAME OF DECEASED (Type or Print) Mrs. Wanda Gorecki			2. DATE OF DEATH Nov, 5th, 1951				
3. PLACE OF DEATH: A. Baltimore City, Maryland 2023 E. Pratt Street			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland.			B. COUNTY				
B. FULL NAME OF (If not in hospital or institution, give street address or location) at Home			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore-31, 2-01			D. STREET ADDRESS (If rural, give location) 2023 E. Pratt Street				
c. Length of stay in Baltimore 48yrs			Yrs. Mos. Days							
5. SEX Female		6. COLOR OR RACE White		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Aug, 15, 1888		9. AGE (In years last birthday) 63		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Poland			12. CITIZEN OF WHAT COUNTRY?			
13. FATHER'S NAME Wojciech Chodkowski				14. MOTHER'S MAIDEN NAME Maryanna ??						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)				16. SOCIAL SECURITY NO. None		17. INFORMANT ADDRESS Piotr Gorecki 2023 E. Pratt Street				
18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Coronary Embolism DUE TO (B) Hypertensive Carditis DUE TO (C) Atherosclerosis INTERVAL BETWEEN ONSET AND DEATH 5 min 6 yrs 7 yrs II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. none										
19A. DATE OF OPERATION 0			19B. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH			21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)				
21D. TIME (Month) (Day) (Year) (Hour) INJURY			21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21F. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from 1-1-49, 19, to 11/5/51, 19, that I last saw the deceased alive on 10-15-1951, and that death occurred at 3:30 A.M., from the causes and on the date stated above.										
23A. SIGNATURE J. J. Harmon			23B. ADDRESS M. D. 1710 E. 33 St			23C. DATE SIGNED 11/5/51				
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial			24B. DATE Nov-8-1951		24C. NAME OF CEMETERY St. Stanislaus		24D. LOCATION (City, town, or county) (State) 1300 Dundalk Ave Balto, Md.			
DATE RECEIVED BY LOCAL REGISTRAR NOV 8-1951			REGISTRAR'S SIGNATURE Wilmington Williams, M.D.			25. FEDERAL DIRECTOR ADDRESS George A. Weber 700 S. Penn St				

ALLEY
PRESS
OLD
OKAYO
S.A.C.

220 51 9523

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 9523

BIRTH NO.

1. NAME OF DECEASED (Type or Print) CATHERINE BUCHACZ			2. DATE OF DEATH NOV. 4, 1957		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) Baltimore City Hospitals			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 26-05		
C. Length of stay in Baltimore ? Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 434 Imla St.		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Nov-11-1869		9. AGE (In years last birthday) 88
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Solmn		10B. KIND OF BUSINESS OR INDUSTRY D.E. Foote & Co. Inc	11. BIRTHPLACE (State or foreign country) Poland		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Joseph Biala			14. MOTHER'S MAIDEN NAME Maryanna		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. 220-03-9531	17. INFORMANT ADDRESS Mary Baker 434 S. Imla St		

18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral Hemorrhage DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Hypertensive Cardiovascular Disease OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT none	CAUSE OF DEATH Cerebral Hemorrhage Hypertensive Cardiovascular Disease	INTERVAL BETWEEN ONSET AND DEATH
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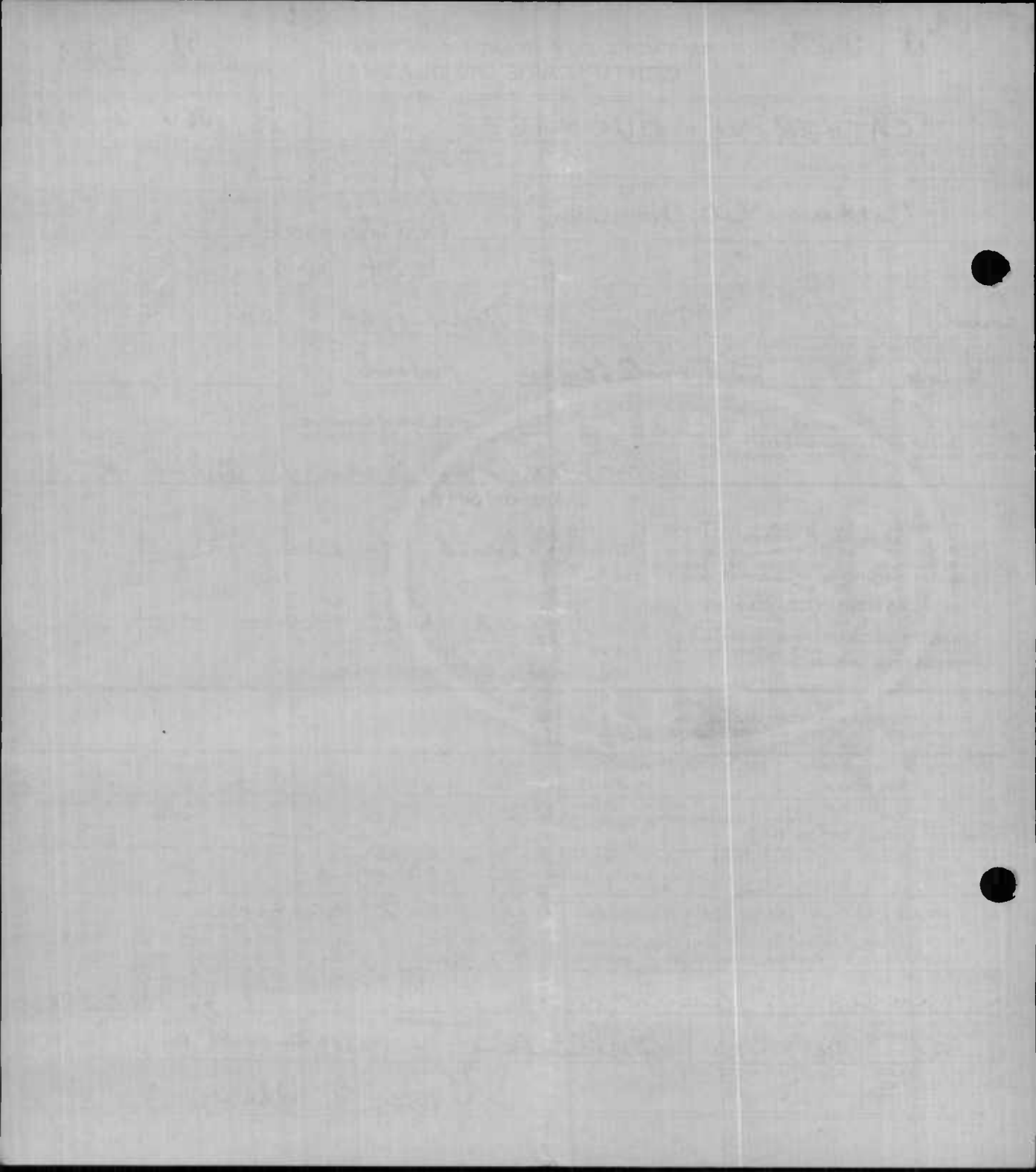
19A. DATE OF OPERATION none	19B. MAJOR FINDINGS OF OPERATION none	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) none	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) none
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY none m.	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR? none

22. I certify that I took charge of the remains described above, held an **Inspection** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE
Francis J. James
M.D.
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☒
23C. DATE SIGNED
Nov 4, 1957

24A. BURIAL, CREMATION, REMOVAL (Specify)
Burial
24B. DATE
Nov 8, 1957
24C. NAME OF CEMETERY OR CREMATORY
St. Stanislaus
24D. LOCATION (City, town, or county) (State)
1300 Timelock ave.

DATE RECEIVED BY LOCAL REGISTRAR
016-1957
REGISTRAR'S SIGNATURE
William H. Weber
25. FUNERAL DIRECTOR
George A. Weber
ADDRESS



524 51 9524

51 9524

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

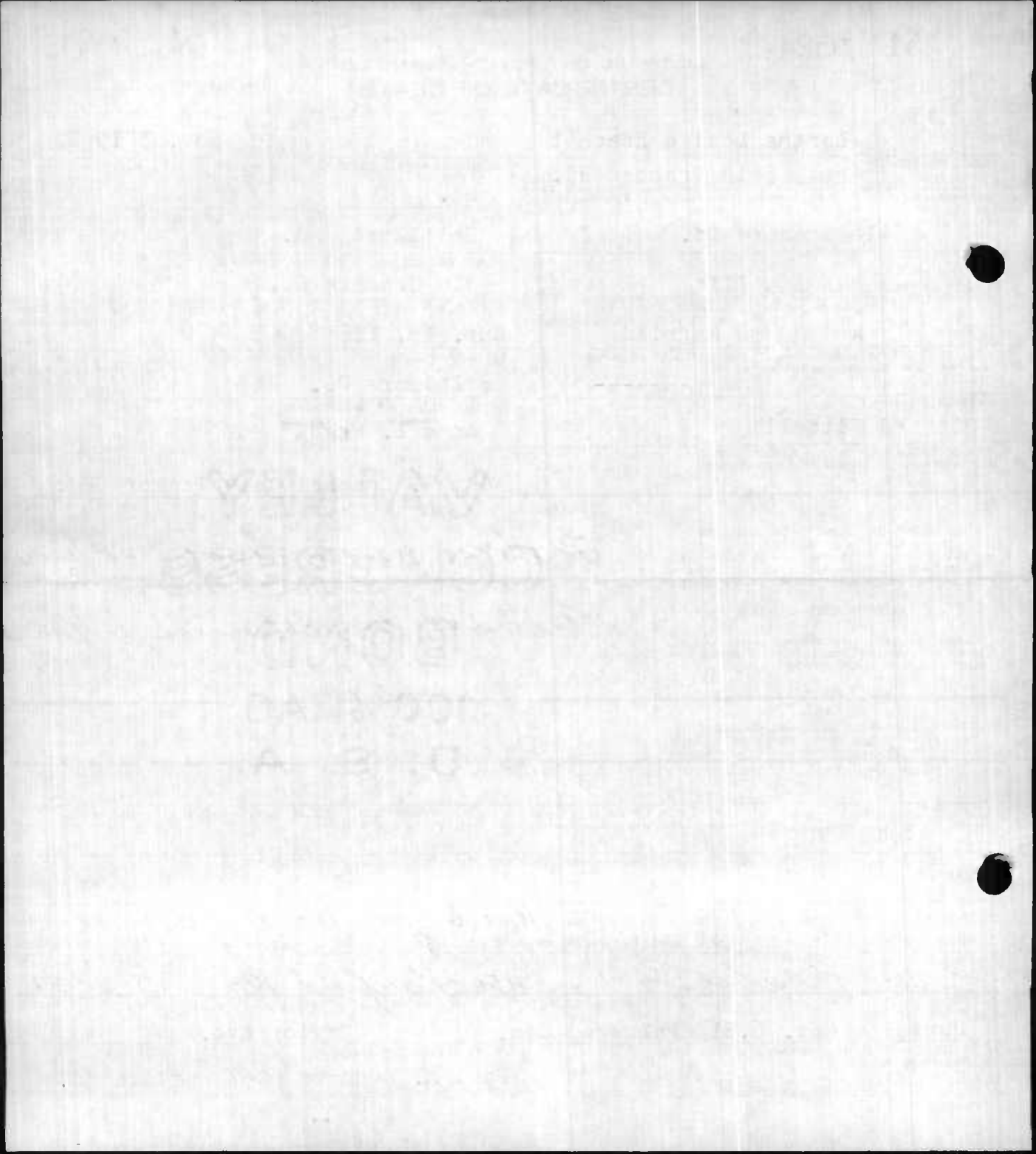
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Bertha Louise Knachel		2. DATE OF DEATH Nov. 3 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland 5414 Tramore Rd.		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION 5414 Tramore Rd.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore Md. 27-06	
c. Length of stay in Baltimore Life Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 5414 Tramore Rd.	
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Apr. 15, 1883
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10B. KIND OF BUSINESS OR INDUSTRY -----	9. AGE (in years last birthday) 68
13. FATHER'S NAME Richard Fitzell		11. BIRTHPLACE (State or foreign country) Baltimore Co.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY?	
16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Adam R. Knachel 5414 Tramore Rd.	
10. MOTHER'S MAIDEN NAME Anna L. Krauk			

18. 331X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral Hemorrhage DUE TO Arterial Hypertension DUE TO Anterior Hypertension DUE TO Anterior Hypertension	CAUSE OF DEATH Cerebral Hemorrhage Arterial Hypertension Anterior Hypertension	INTERVAL BETWEEN ONSET AND DEATH 48 hours 6 years
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from March , 1948 to 11-3- , 1951 that I last saw the deceased alive on 11-2- , 1951, and that death occurred at 10 m., from the causes and on the date stated above.					
23A. SIGNATURE L. W. Peabue		23B. ADDRESS M. O. 4508 Harford Rd.		23C. DATE SIGNED 11-5-51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Nov. 6, 51		24C. NAME OF CEMETERY OR CREMATORY Parkwood Cem.	
DATE RECEIVED BY LOCAL REGISTRAR NOV 6 - 1951		REGISTRAR'S SIGNATURE W. H. Williams		25. FUNERAL DIRECTOR ADDRESS Paul A. Heemann 6067 Harford Rd.	



630		51 9525		BALTIMORE CITY HEALTH DEPARTMENT		51 9525	
BIRTH NO.		CERTIFICATE CORRECTED 11-6-51		CERTIFICATE OF DEATH		Registered No.	
1. NAME OF DECEASED (Type or Print) <i>John J. Harried</i>				2. DATE OF DEATH <i>Nov. 3, 1951</i>			
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Hal 2 S - - Hal 4 Regr.</i>				4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY <i>22-02</i>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>			
c. Length of stay in Baltimore Yrs. Mos. Days				D. STREET ADDRESS (If rural, give location) <i>613 W. Conway St.</i>			
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Divorced</i>	8. DATE OF BIRTH <i>905 4-3-20</i>	9. AGE (In years last birthday) <i>46</i>	10. UNDER 1 Year Months Days	11. UNDER 24 Hours Hours Min.	12. CITIZEN OF WHAT COUNTRY?
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>labour</i>				10B. KIND OF BUSINESS OR INDUSTRY <i>R.R.</i>			
13. FATHER'S NAME <i>Joseph Harried</i>				14. MOTHER'S MAIDEN NAME <i>Louise Dixon</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)				16. SOCIAL SECURITY NO.			
17. INFORMANT <i>JOHNS HOPKINS HOSPITAL</i>				ADDRESS			
18. <i>340.3</i> CAUSE OF DEATH				INTERVAL BETWEEN ONSET AND DEATH			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>(A) Adhesive arachnoiditis with intracranial hypertension</i>				<i>2 months</i>			
ANTECEDENT CAUSES <i>(B)</i>							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>(C)</i>							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
19A. DATE OF OPERATION <i>10-27-51</i>				19B. MAJOR FINDINGS OF OPERATION <i>Ventricular hypertension; arachnoiditis</i>			
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>							
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH				21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)							
21D. TIME (Month) (Day) (Year) (Hour) INJURY				21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
21F. HOW DID INJURY OCCUR?							
22. I hereby certify that I attended the deceased from <i>9-30-</i> , 19 <i>51</i> , to <i>11-3-</i> , 19 <i>51</i> ; that I last saw the deceased alive on <i>11-3-</i> , 19 <i>51</i> , and that death occurred at <i>7:58 p.m.</i> , from the causes and on the date stated above.							
23A. SIGNATURE <i>Edward M. Lance</i>				23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>			
23C. DATE SIGNED <i>11-3-51</i>							
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>				24B. DATE <i>Nov. 7, 1951</i>			
24C. NAME OF CEMETERY OR CREMATORY <i>Mt. Auburn</i>				24D. LOCATION (City, town, or county) (State) <i>Balt.</i>			
25. FUNERAL DIRECTOR <i>James A. Hayes</i>				ADDRESS <i>6384 Selmer St</i>			
26. REGISTRAR'S SIGNATURE <i>W. H. Williams, M.D.</i>							
27. DATE RECEIVED BY LOCAL REGISTRAR <i>NOV 6 - 1951</i>							

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455
51 9526BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

51 9526

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

YETTA YULMAN

2. DATE
OF
DEATH

11-4-57

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

5726 Clover Road

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Md

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 2779

D. STREET ADDRESS (If rural, give location)

5726 Clover Road

c. Length of stay in Baltimore

50 Yrs.
Mons
Days

5. SEX

Female White

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widow

8. DATE OF BIRTH

9. AGE (In years last birthday)

69

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

House wife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Israel

14. MOTHER'S MAIDEN NAME

Leah

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mae Silverman - Jane

18. 420.1

CAUSE OF DEATH

(INTERVAL BETWEEN ONSET AND DEATH)

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

acute coronary thrombosis

4 days

DUE TO

coronary artery sclerosis

?

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

coronary insufficiency

2 yrs.

DUE TO

coronary artery sclerosis

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 21, 1957, to 11-4-57, 1957, that I last saw the deceased alive on 11-4-57, 1957, and that death occurred at 10:00 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Kersh

5063

Garrison
Blvd

3001

VALLEY
CONGRESS

LONG

10000

U.S.A.

450

51 9527

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 9527

Registered No.

BIRTH NO. 49-13320

1. NAME OF DECEASED
(Type or Print)

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

C. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

COL

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

INFANT

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

INFANT

10B. KIND OF BUSINESS OR INDUSTRY

INFANT

13. FATHER'S NAME

LEROY MULLEN

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

None

2. DATE OF DEATH

NOV. 2, 1951

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

MARYLAND

B. COUNTY

before admission)

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1053W. FAYETTE ST.

8. DATE OF BIRTH

June 29, 1949

9. AGE (in years last birthday)

2

11. Under 1 Year Months: Days

Hours Min.

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF WHAT COUNTRY?

U. S. A.

14. MOTHER'S MAIDEN NAME

LILLIE POOL

17. INFORMANT

Father

ADDRESS

4200 E

18. E-822.41

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

HEPATIC FAILURE

INTERVAL BETWEEN ONSET AND DEATH

1 Month

Blood Transfusion

CERTIFICATION APPROVED BY
B. Fisher M. D.
CHIEF OR ASST. MEDICAL EXAMINERII
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Fracture of skull

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

8/26/51 about 1:30p.m.

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☒

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

Upper Marlboro, Md.

21F. HOW DID INJURY OCCUR?

Thrown from overturning auto

22. I hereby certify that I attended the deceased from Nov. 1, 1951, to Nov. 2, 1951, that I last saw the deceased alive on Nov. 2, 1951, and that death occurred at 10:45 A.M. from the causes and on the date stated above.

23A. SIGNATURE

M. E. Mullins

M. D.

23B. ADDRESS

Woodmont Hospital

23C. DATE SIGNED

Nov 3

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

11-6-51

24C. NAME OF CEMETERY OR CREMATORY

Mt Calvary

24D. LOCATION (City, town, or county) (State)

Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR

NOV 6 - 1951

REGISTRAR'S SIGNATURE

C. Williams

25. FUNERAL DIRECTOR

Chas. Wilson 1000 Brantly ave

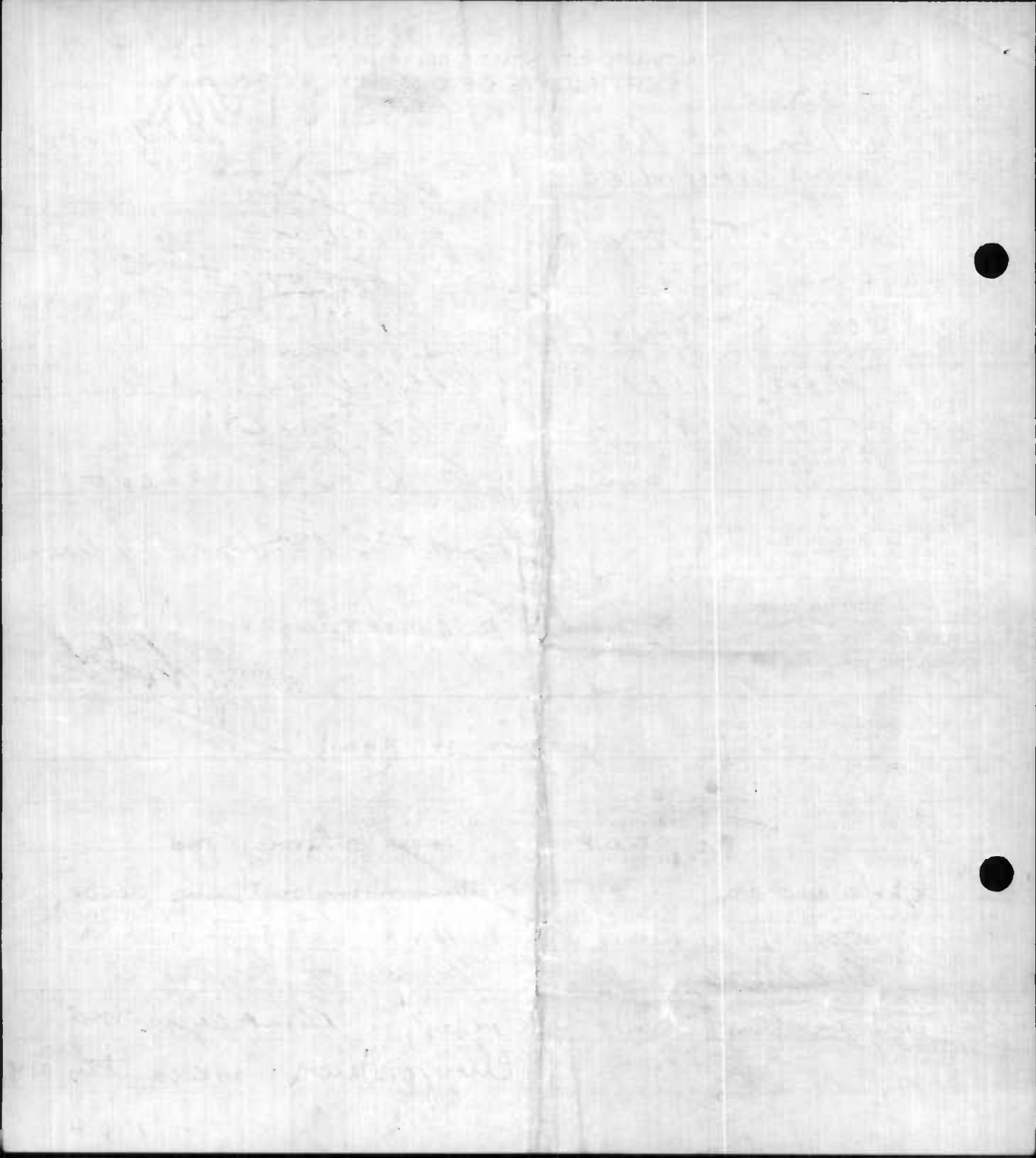
ADDRESS

VS 150

N-803.9

170c

MEDICAL CERTIFICATION



Amesbury
2 years

12 2000 10 1000
12 2000 10 1000

12 2000 10 1000

635
51 9529BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 9529
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) CHARLES GORION		2. DATE OF DEATH 11-5-51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Md B. COUNTY 5-01	
B. FULL NAME OF HOSPITAL OR INSTITUTION 1227 St Mathew St		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 1227 St Mathew St		E. LENGTH OF STAY IN BALTIMORE 70 Yrs. 72 Mos. 72 Days	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10B. KIND OF BUSINESS OR INDUSTRY Tailor	9. AGE (In years last birthday) 72
11. BIRTHPLACE (State or foreign country) Russia		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Haron		14. MOTHER'S MAIDEN NAME Fannie	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Rose Gordon - Fannie		ADDRESS	

18. 260x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Acute Corronary infarction CAUSE OF DEATH (A) Ch Diabetes DUE TO (B) Ch Diabetes DUE TO (C) Ch Diabetes INTERVAL BETWEEN ONSET AND DEATH			
19. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **10/7**, 19**51**, to **11/3**, 19**51**, that I last saw the deceased alive on **11/3**, 19**51**, and that death occurred at **11/3** m., from the causes and on the date stated above.

23A. SIGNATURE A. H. Hornstein	23B. ADDRESS 204 E. Biddle St	23C. DATE SIGNED 11/6/51
--	---	------------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 11-7-51	24C. NAME OF CEMETERY OR CREMATORY Rosedale	24D. LOCATION (City, town, or county) (State) Balto Md
--	-----------------------------	---	--

DATE RECEIVED BY LOCAL REGISTRAR NOV 6 - 1951	REGISTRAR'S SIGNATURE W. J. Williams	25. FUNERAL DIRECTOR Jack Lewis	ADDRESS 2100 Eutan Pl
---	--	---	---------------------------------

Horstmann

525
51 9530BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 9530
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Daisy M. Johnson

2. DATE
OF
DEATH

Nov. 3, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION1603 M^c Culloch St.

C. Length of stay in Baltimore

70 years

5. SEX

Female Colored

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widow

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

Home

13. FATHER'S NAME

Nehemiah Murray

4. USUAL RESIDENCE (Where deceased lived, If institution: residence
before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

Baltimore 14-02

D. STREET ADDRESS (If rural, give location)

1603 M^c Culloch St.

5. SEX

Female Colored

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widow

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

Home

13. FATHER'S NAME

Nehemiah Murray

8. DATE OF BIRTH

July 22, 1863

9. AGE (In years
last birthday)

88

11. BIRTHPLACE (State or foreign country)

Culpeper Co. Va.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS 1603

Mrs. Daisy Savage - M^c Culloch St.

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Coronary-Vascular Disease

unfear

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) DUE TO
(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 31, 1951, to Nov 3, 1951, that I last saw the
deceased alive on Nov 1, 1951, and that death occurred at 6:30 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

Funeral Home

1000

1000

1000

1000

1000

200 51 9531

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

51 9531

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CHARLES M. WEISS

2. DATE OF DEATH
Nov. 4, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

2023 E. 31st. Street

C. Length of stay in Baltimore

Life

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Telephone Oper.

10B. KIND OF BUSINESS OR INDUSTRY

Shipping

13. FATHER'S NAME

George S. Weiss

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.
215-07-5548

8. DATE OF BIRTH

Oct. 8, 1878.

9. AGE (In years and birthday)

73

11 Under 1 Year

Months: Days

11 Under 24 Hours

Hours: Min.

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

USA

14. MOTHER'S MAIDEN NAME

Eva. G. Schaefer

17. INFORMANT 2023 E. 31st. Street
Mrs. Leona M. Mentis

18. 420.1 I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE, (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

Coronary Occlusion

Arteriosclerotic hypertensive Cardiovascular disease

INTERVAL BETWEEN ONSET AND DEATH

3 weeks

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

22. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Oct. 10, 1951, to Nov. 4, 1951, that I last saw the deceased alive on Nov. 3, 1951, and that death occurred at 8:00 A. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

burial

24B. DATE

11/6/51

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer cemetery Baltimore, Md.

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 6 - 1951

VS 150

HENRY SANDER & SONS, INC.
BALTO. 13, MD

37055512

93D

MEDICAL CERTIFICATION

256
51 9532BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 9532
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOHN PETER HESSENAUER

2. DATE
OF
DEATH

Nov. 3, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

2867 Chesterfield Avenue

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

2867 Chesterfield Avenue

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

B. DATE OF BIRTH

March 30, 1890

9. AGE (In years
last birthday)

61

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

C.P.A. Md. Casualty Co.

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Peter Hessenauer

Irs.

14. MOTHER'S MAIDEN NAME

Emma Kemp

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

212-10-3886

17. INFORMANT 2867 Chesterfield Avenue
Mrs. Matilda Hessenauer

18. 442x

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Hypertensive Renal Disease
& Uremia

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4:00 PM, Nov 2, 1951, to Nov 3, 1951, that I last saw the
deceased alive on Nov 3, 1951, and that death occurred at 11:00 AM, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Louis Krause, M.D.

116 Chase St

Nov 5, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

burial

11/6/51

Parkwood Cemetery

Baltimore, Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 6 - 1951

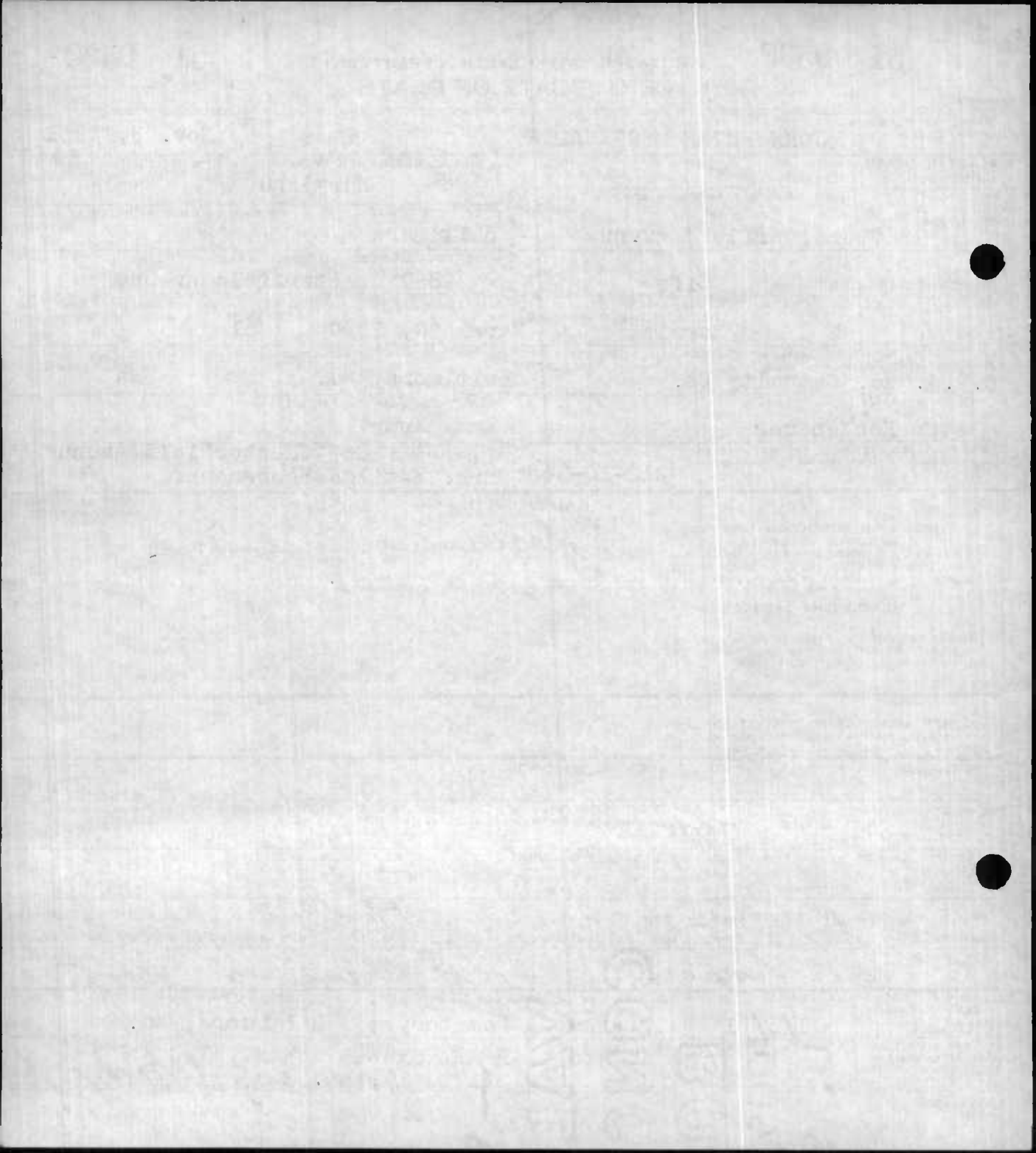
HENRY SANDER & SONS, INC

BALTO 13, MD

VS 150

000 73 5 2 0

131a



251
51 9533

BALTIMORE CITY HEALTH DEPARTMENT

51 9533

CERTIFICATE OF DEATH

Registered No.

BIRTH NO. 51-25917

1. NAME OF DECEASED
(Type or Print)

GARY ALAN HAGENBUCH

2. DATE
OF
DEATH

Nov. 5, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Lutheran Hosp. of Md.

Yrs.
Mos.
Days

C. Length of stay in Baltimore

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

SINGLE

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

INFANT

10B. KIND OF BUSINESS OR
INDUSTRY

13. FATHER'S NAME

ROBERT ERNEST HAGENBUCH

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no.

16. SOCIAL
SECURITY NO.

none

8. DATE OF BIRTH

NOV. 1, 1951

9. AGE (In years
last birthday)11. Under 1 Year
Months: Days

4

12. Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF
WHAT COUNTRY?

USA

14. MOTHER'S MAIDEN NAME

CONCETTA MARIE CALABRESE

17. INFORMANT

ADDRESS

MOTHER

ROUTE 1, Box 487

18. 776x I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Prematurity (2 lbs 5 oz)

INTERVAL BETWEEN
ONSET AND DEATH

4 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from November 1, 1951, to November 5, 1951, that I last saw the
deceased alive on Nov. 5, 1951, and that death occurred at 7:35 p. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

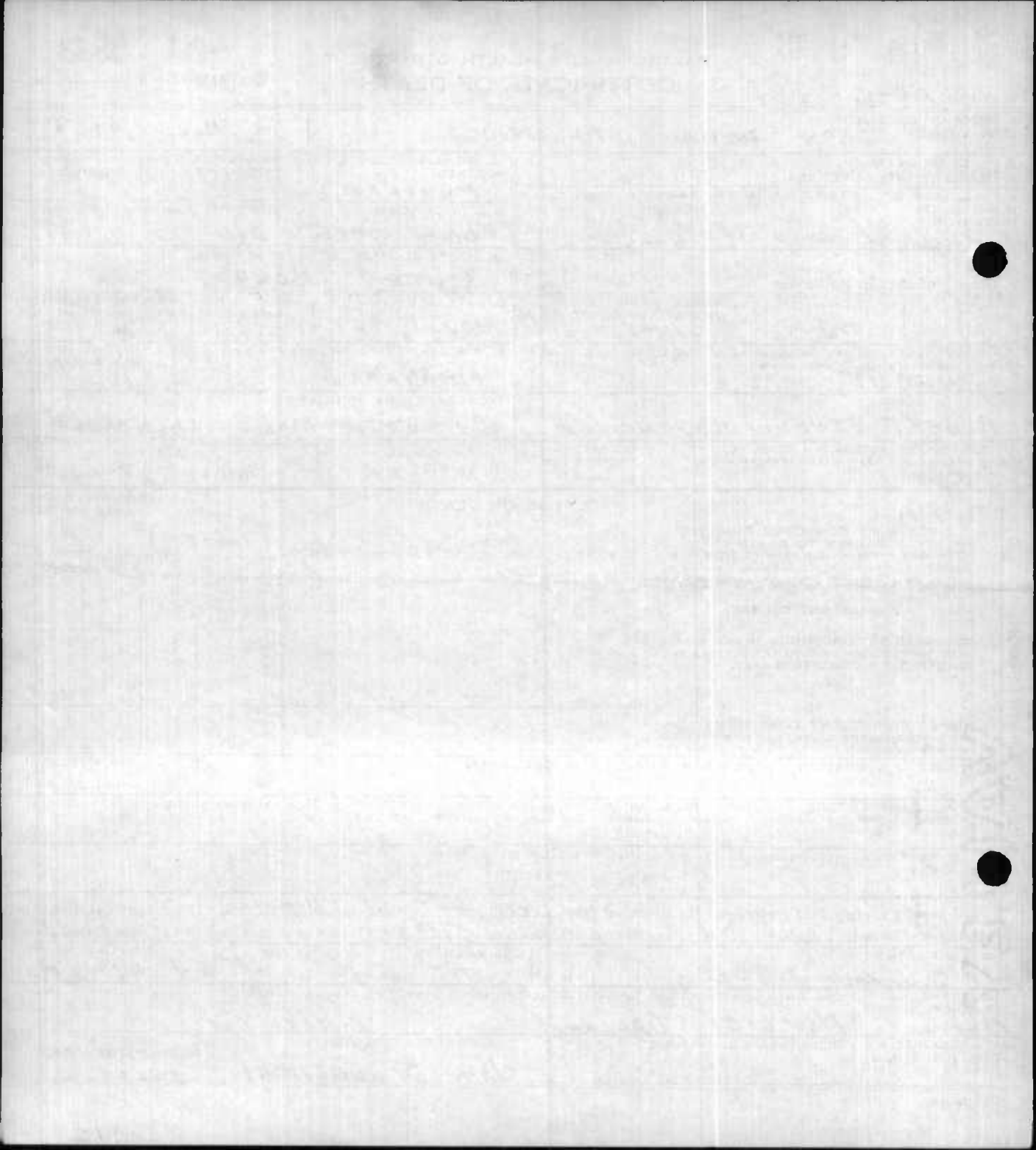
ADDRESS

NOV 6 - 1951

Huntington Williams, Jr.

JAMES DEW 2 DZ INSK 1

1407 EASTERN AVE
EAST MD.



51 9534

51 9534

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) IVORY BUTLER		2. DATE OF DEATH Nov. 4, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Provident Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 11-02	
C. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 144 W. Preston St.	
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		9. AGE (In years last birthday) 45 If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.	
10B. KIND OF BUSINESS OR INDUSTRY Conductor		11. BIRTHPLACE (State or foreign country) S.C.	
13. FATHER'S NAME Butler		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		14. MOTHER'S MAIDEN NAME Washington	
16. SOCIAL SECURITY NO. 250-28-3221		17. INFORMANT Susanna Butler ADDRESS 144 W. Preston St.	

18. E-936.9 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Fracture of skull DUE TO Subdural hematoma, right Purulent meningitis Lobar pneumonia	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input checked="" type="checkbox"/> TO DEATH. UNKNOWN	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) UNKNOWN	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) UNKNOWN
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY UNKNOWN	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR? UNKNOWN
22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input checked="" type="checkbox"/> .		
23A. SIGNATURE Stanley H. Durell M.D.	23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR	23C. DATE SIGNED Nov. 4, 1951

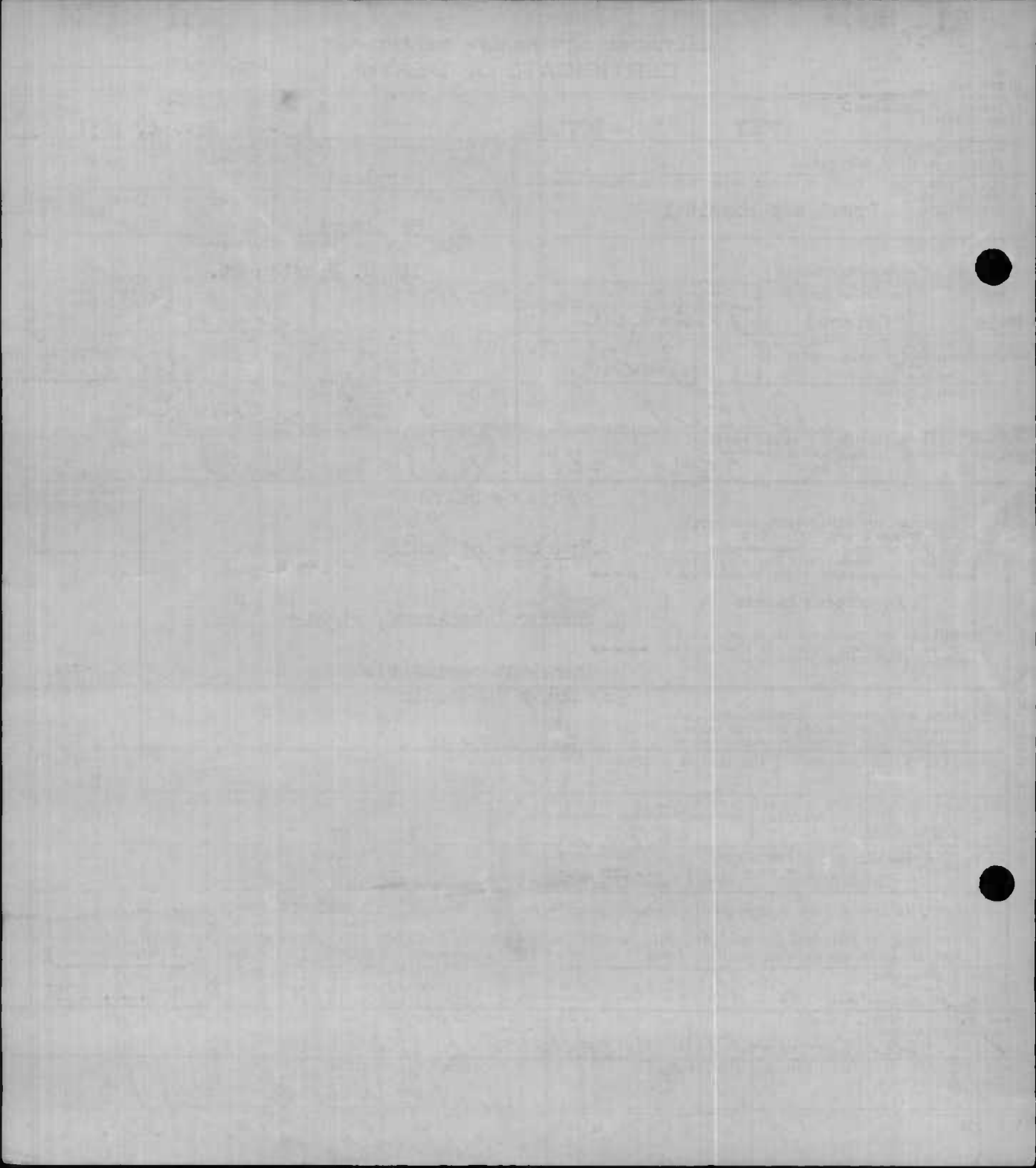
24A. BURIAL, CREMATION, REMOVAL (Specify) Shipped	24B. DATE 11-9-51	24C. NAME OF CEMETERY OR CREMATORY Scunyster S.C.	24D. LOCATION (City, town, or county) (State)
DATE RECEIVED BY LOCAL REGISTRAR NOV 6-1951	REGISTRAR'S SIGNATURE William Williams	25. FUNERAL DIRECTOR A. Halstead	ADDRESS 918 - 97099 Klined Hill Ave 195E

VS 151

N 803.2

97099 Klined Hill Ave 195E

MEDICAL CERTIFICATION



652 51 9535

51 9535

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

HENRY WILLIAM WERNZ

2. DATE
OF
DEATH

Nov. 4, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Lutheran Hospital

Yrs.
Mos.
Days

C. Length of stay in Baltimore

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2667 Pennsylvania Ave. 13-03

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

laborer

10B. KIND OF BUSINESS OR INDUSTRY

City Balto.

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John Wernz

14. MOTHER'S MAIDEN NAME

Elizabeth Wise

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

no

17. INFORMANT

ADDRESS

Mrs. Mary C. Wernz -2667 Penna. Ave.

1B. 420.1 I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Coronary Occlusion

sev. hrs.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Hypertension C.V.D.

? years

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from Nov 1947, 19 , to Nov. 4, 1951, that I last saw the deceased alive on Oct. 27, 1951 and that death occurred at 6:30 P.m., from the causes and on the date stated above.

23A. SIGNATURE

L. Highstern

M. D.

23B. ADDRESS

8884 Lombard St

23C. DATE SIGNED

11-5-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

11/7/51

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

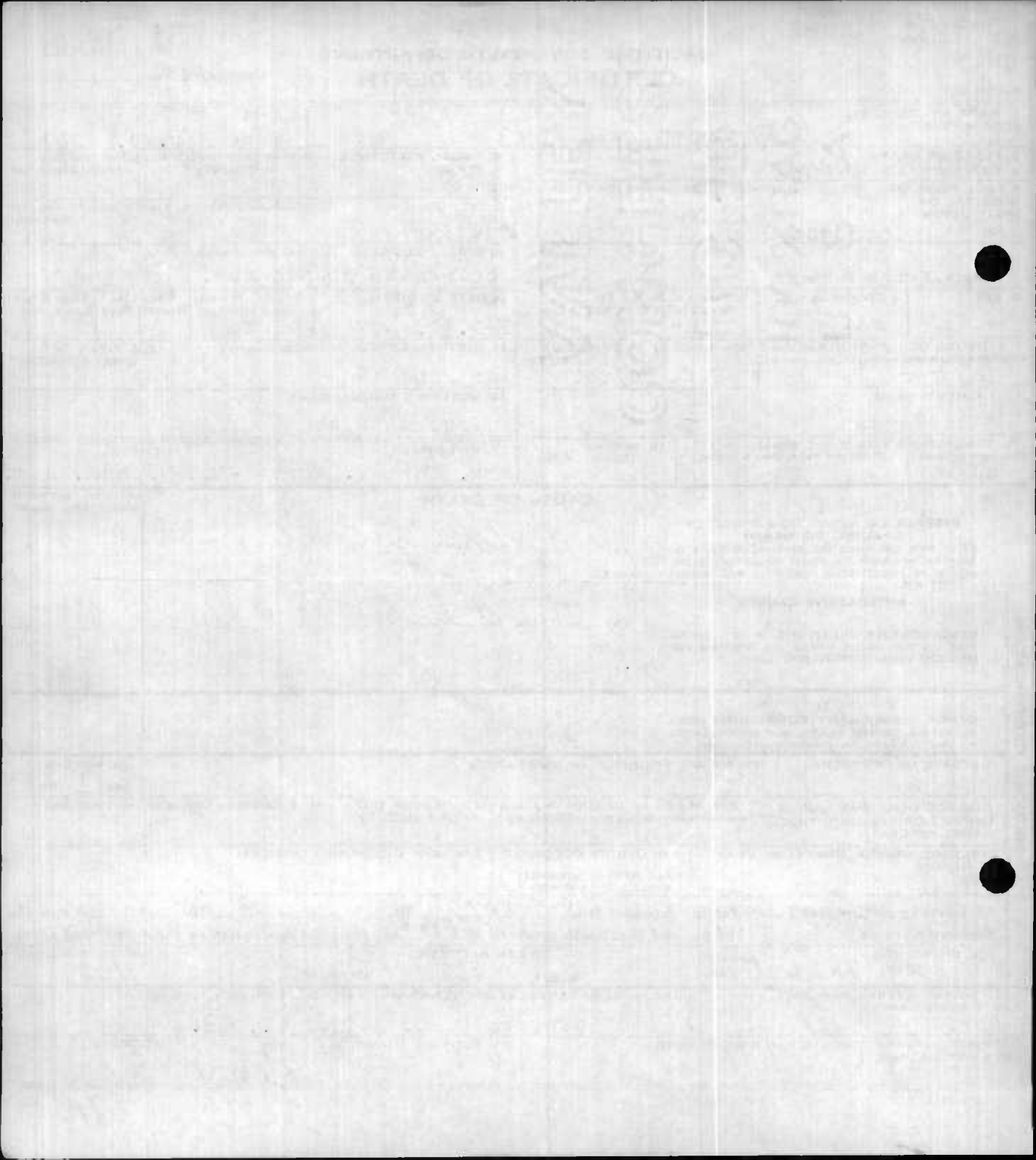
REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 6 - 1951

Wm. J. Tiekener & Son



51 9536
500

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 9536
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ROBERT WILLIAM SEIM

2. DATE
OF
DEATH

Nov. 5, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

3800 Hillisdale Rd.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

Md.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3800 Hillisdale Rd.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

retired Treas.

10B. KIND OF BUSINESS OR INDUSTRY

Fruit Exchange

13. FATHER'S NAME

Charles Augustus Seim

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

215-09-4248

17. INFORMANT

ADDRESS

Mr. Edward R. Seim-5117 Gwynn Oak Ave.

18.

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Anterior Sclerotic Heart Disease

INTERVAL BETWEEN ONSET AND DEATH

11 months

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Chronic Nephritis

8 months

(C) Generalized Arterio-sclerosis

2 yrs.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Jan. 13, 1950 to Nov. 5, 1951, that I last saw the deceased alive on Nov. 4, 1951, and that death occurred at 12:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

11/7/51

Lorraine Park Cem.

Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

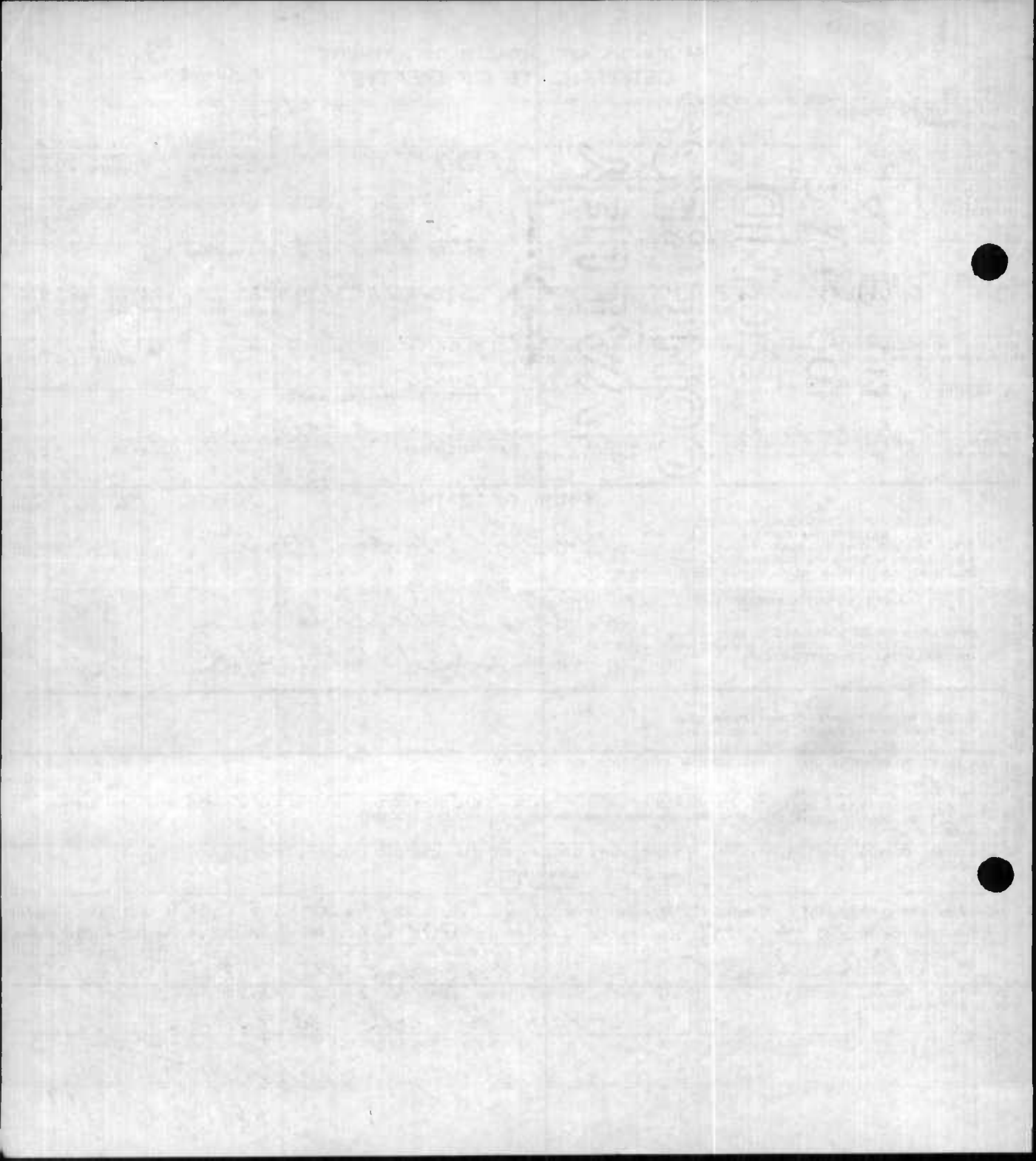
25. FUNERAL DIRECTOR

ADDRESS

NOV 6 - 1951

Dr. J. H. Williams

Mr. E. J. Sauer & Sons



630 51 9537

51 9537

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

FLORENCE A. JARRETT

2. DATE
OF
DEATH

Nov. 5, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

120 S. Mount St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE
Md.

B. COUNTY

before admission)

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

120 S. Mount St.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

B. DATE OF BIRTH

Aug. 31, 1868

9. AGE (in years
last birthday)

83

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR
INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

- Binnix

14. MOTHER'S MAIDEN NAME

-

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

no

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

none

17. INFORMANT

ADDRESS

Mrs. N. C. Wilson-711 Northern Pkwy

18. 422.1 I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Arteriosclerosis nigrocanditis

3 mos.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Generalized arteriosclerosis
advanced age.

?

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

M.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 5, 1951, to November 5, 1951, that I last saw the
deceased alive on 11-4-, 1951, and that death occurred at 2A m., from the causes and on the date stated above.

23A. SIGNATURE

M. B. Schreiber

M. D.

23B. ADDRESS

54 S. Fulton Ave.

23C. DATE SIGNED

11-5-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

11/7/51

24C. NAME OF CEMETERY OR CREMATORY

Western Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

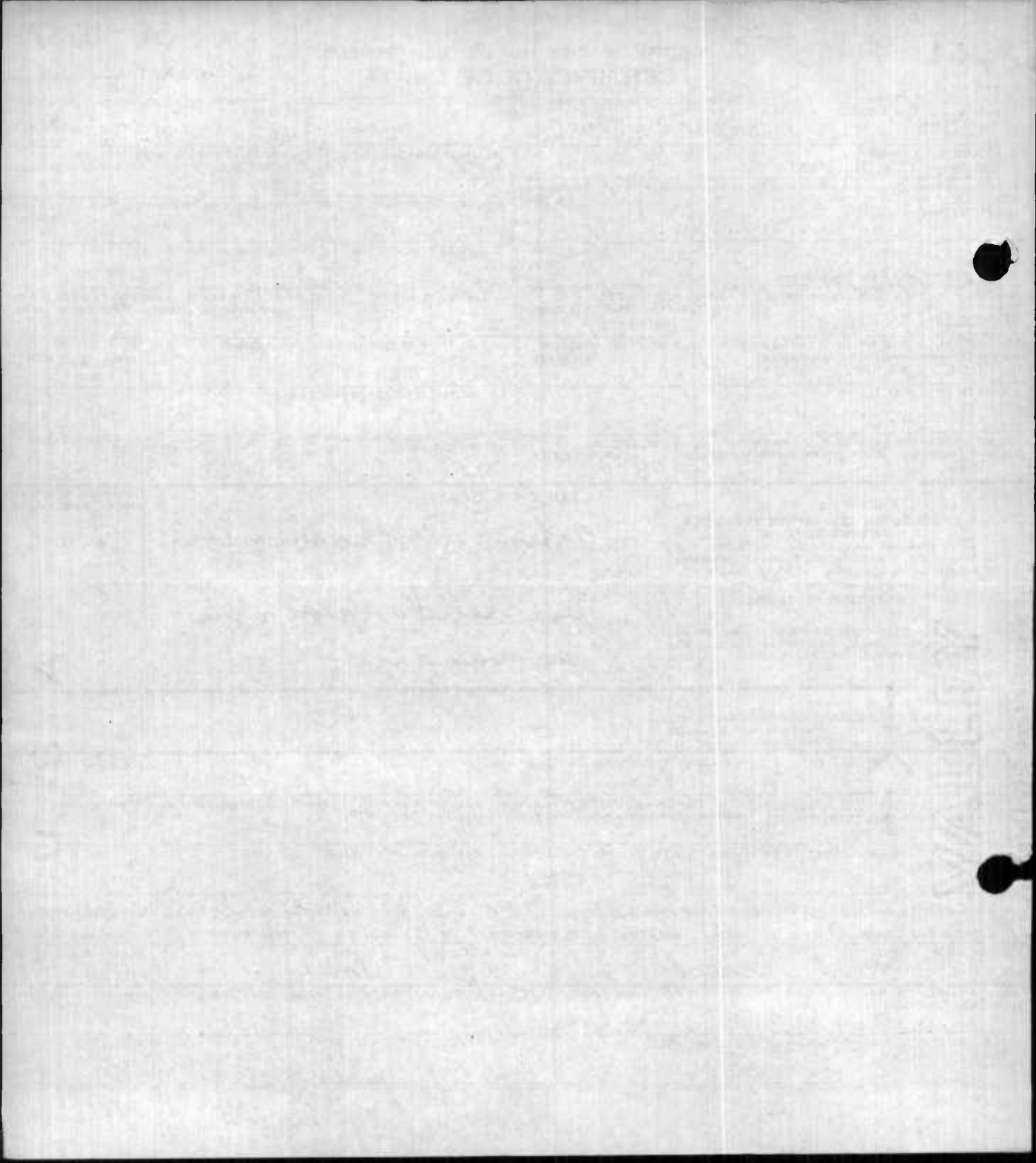
REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Wm. J. Vickner & Sons

1937 Balto. 17, Md.



600 51 9538

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 9538

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ELLA IDA DYER

2. DATE

OF
DEATH NOV. 5 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland 1941 W. NORTH AVE.

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE 1941 W. North Ave.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

WIDOWED

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

HOUSEWIFE

10B. KIND OF BUSINESS OR INDUSTRY

13. FATHER'S NAME

ROBERT ST. CLAIR

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

1941 W. NORTH AVE.

15-02

8. DATE OF BIRTH

OCT 20 1864

9. AGE (in years last birthday)

87

If Under 1 Year

Months Days

If Under 24 Hours

Hours Min.

11. BIRTHPLACE (State or foreign country)

HAGERSTOWN, Md.

12. CITIZEN OF WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

AMELIA SPIELMAN

17. INFORMANT

ADDRESS

MRS. MARY E. SMALL 1941 W. NORTH AVE.

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

Pneumonia Edema

1 day

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Arteriosclerotic C.V.D.

years

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 1951 to Nov. 5, 1951; that I last saw the deceased alive on Nov 4, 1951, and that death occurred at 1:40 P.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

NOV. 7 1951

ROSEHILL Cem.

HAGERSTOWN MD.

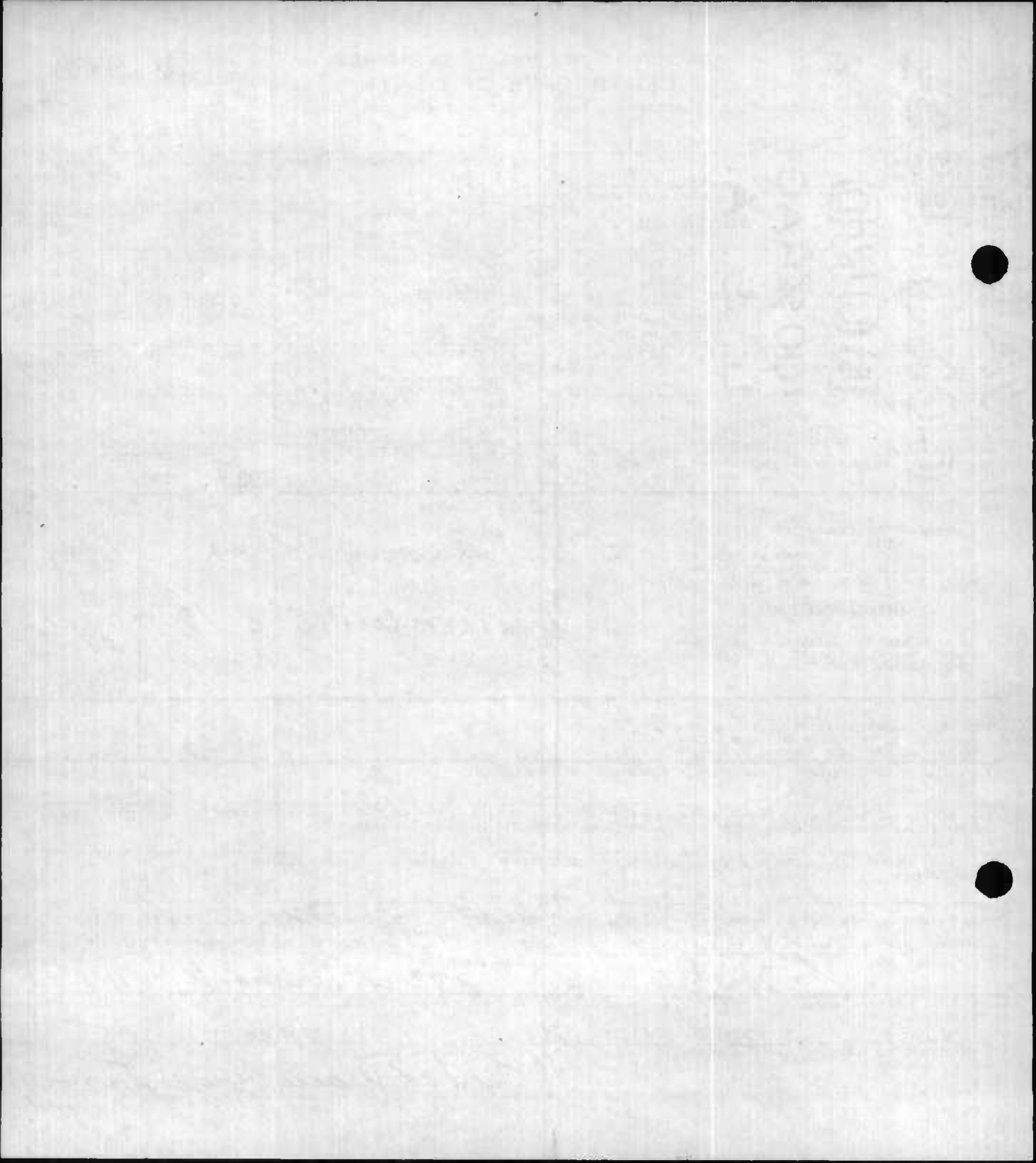
DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Fred M. Kraus, Hagerstown, Md.



51 9539

51 9539

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Rebecca G. Jackson

2. DATE
OF
DEATH

November 4, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE
Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTIONClifton Nursing Home
3502 Clifton Avenue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

C. Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

2 S. Calhoun Street

14-03

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Dec. 22, 1858

9. AGE (in years
last birthday)

92

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Ret. Nurse

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

William J. Jackson

14. MOTHER'S MAIDEN NAME

Sarah J. Patterson

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. William C. Runge, 4509 Mainfield Ave.

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

Coronary occlusion

2 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

BUE TO

(B)

Coronary arteriosclerosis

10 yrs.

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Senility

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from Nov. 3, 1951, to Nov. 4, 1951, that I last saw the
deceased alive on Nov. 3, 1951, and that death occurred at 10 P. m., from the causes and on the date stated above.

23A. SIGNATURE

Abraham B. Hurwitz

M. D.

23B. ADDRESS

3048 W. North Ave.

23C. DATE SIGNED

Nov. 5, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

burial

24B. DATE

11/7/51

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cemetery

24D. LOCATION (City, town, or county)

Baltimore,

Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

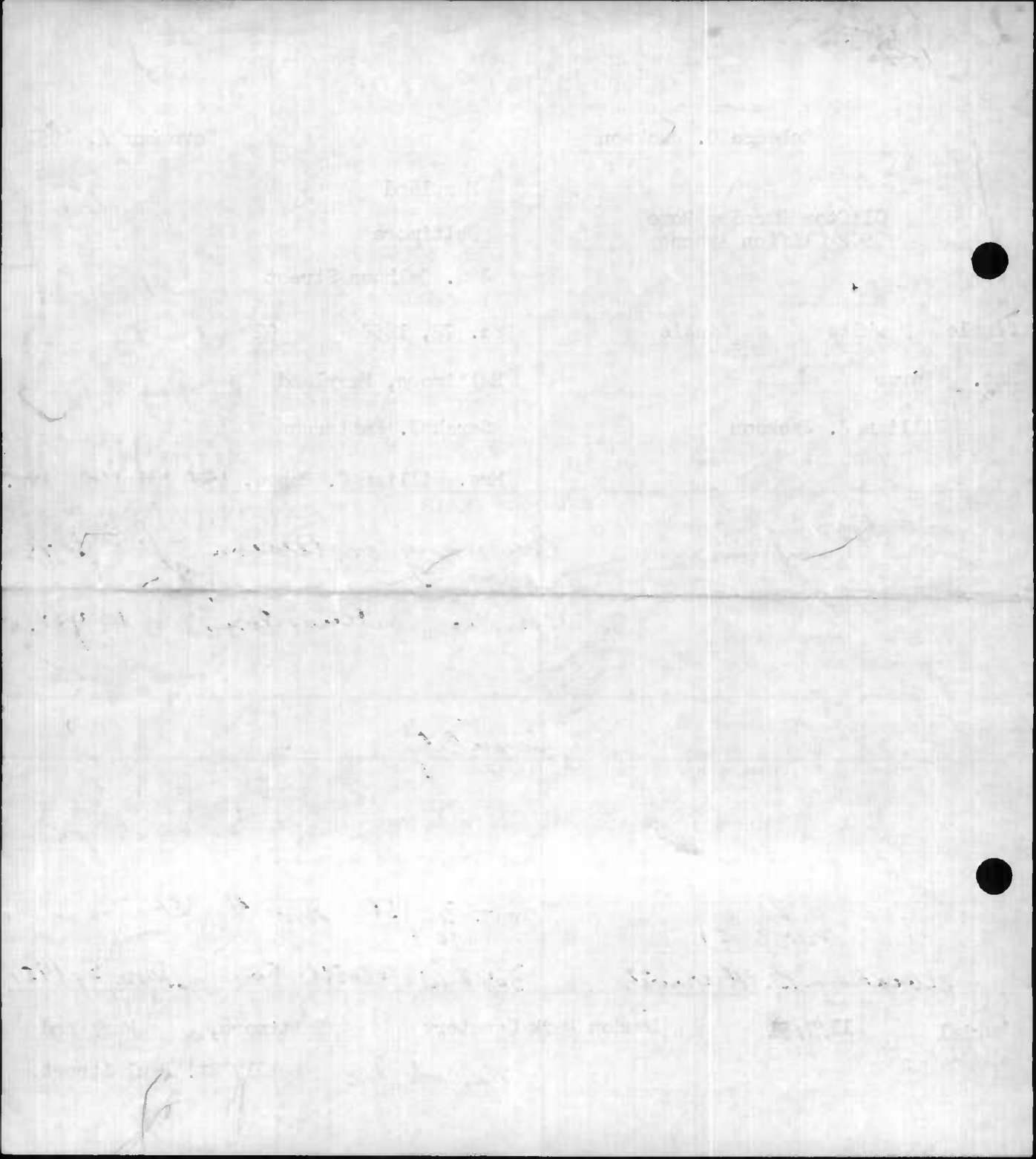
Clifton Nursing Home

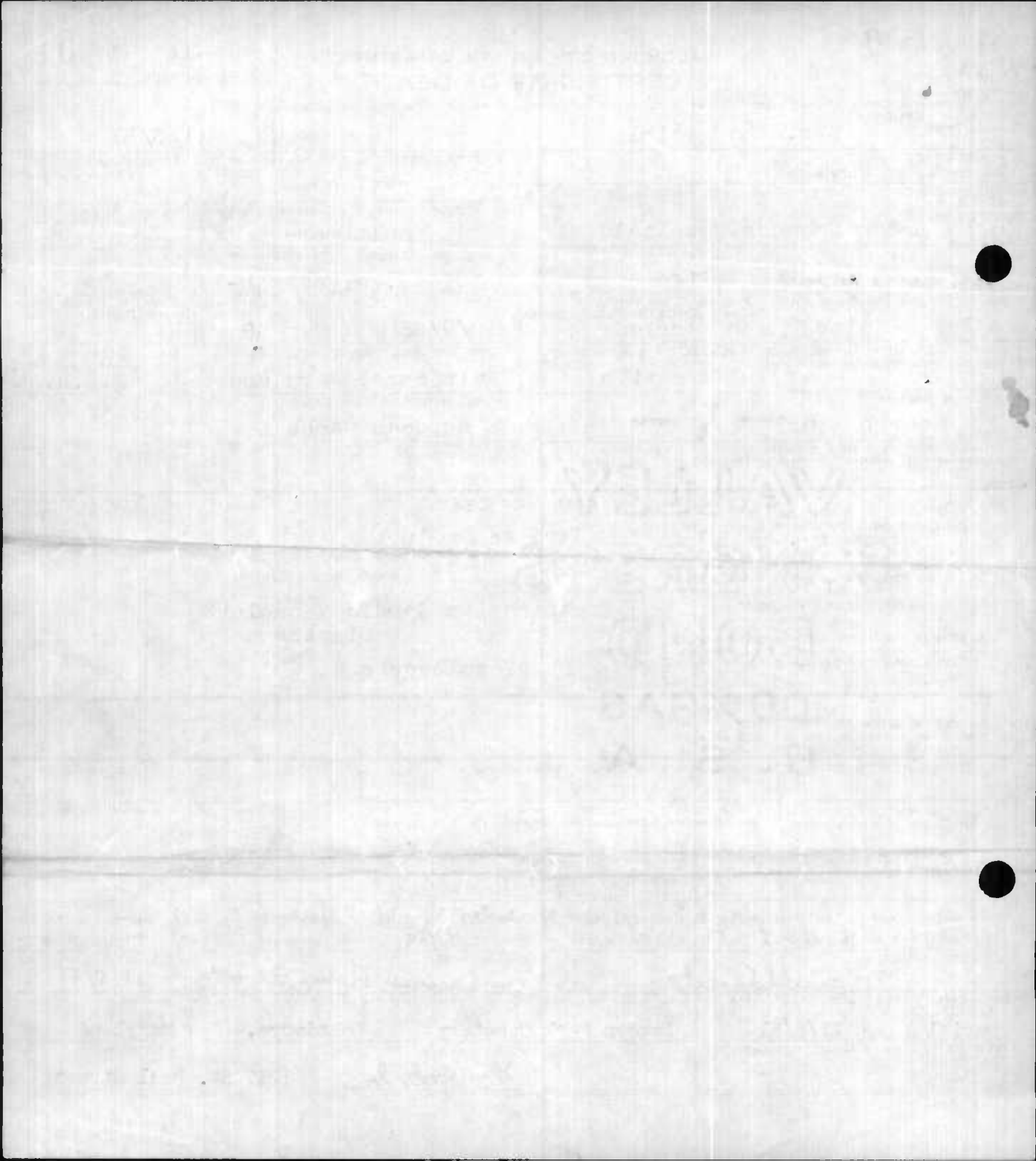
25. FUNERAL DIRECTOR

ADDRESS

Wm. Cook, Inc.,

1217 St. Paul Street





AB-146736

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Florence Angel

2. DATE
OF
DEATH

11-4-1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTEBaltimore City Hospitals
4940 Eastern Ave.4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

518 East 20th Street

C. Length of stay in Baltimore

7mos.?

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Nov. 24, 1876

9. AGE (In years last birthday)

74

10. Under 1 Year Months Days

11. Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR INDUSTRY

13. FATHER'S NAME

George Wise

11. BIRTHPLACE (State or foreign country)

Virginia.

12. CITIZEN OF WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Sarah Lavenberg

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Baltimore City Hospitals
Records: 4940 Eastern Ave.

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic Heart Disease

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

Over 1yr.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

(C) DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

m. WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-13-1951 to 11-4-1951, that I last saw the deceased alive on 11-4-1951 and that death occurred at 12:10 AM, from the causes and on the date stated above.

23A. SIGNATURE

J. H. Boyer

M. D.

23B. ADDRESS

4940 Eastern Ave., Baltimore, Md.

23C. DATE SIGNED

11-5-1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

burial

24B. DATE

11/6/51

24C. NAME OF CEMETERY OR CREMATORY

Baltimore Cemetery

24D. LOCATION (City, town, or county)

Baltimore,

Maryland

DATE RECEIVED BY LOCAL REGISTRAR

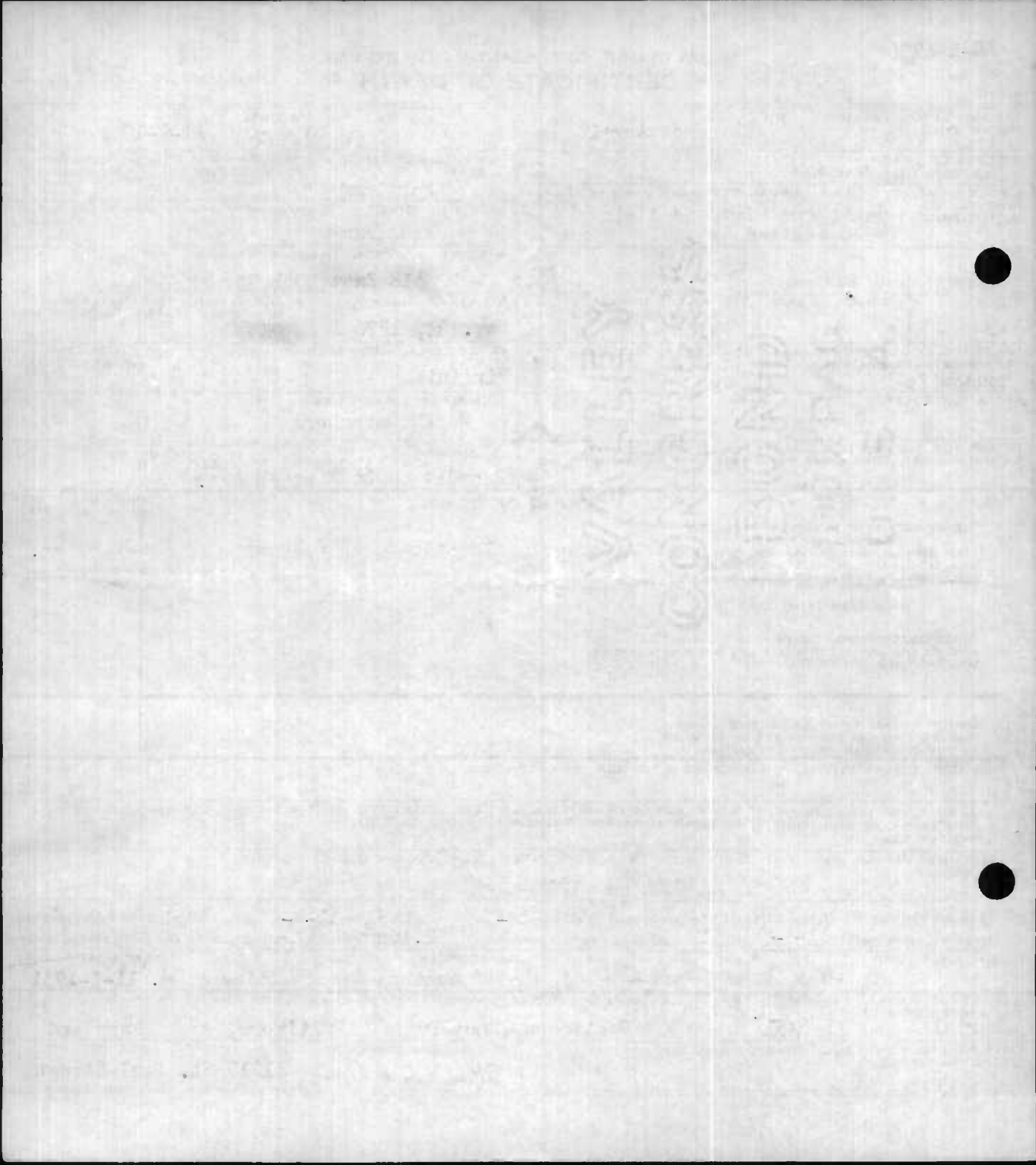
REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Wm. Cook, Inc.,

1217 St. Paul Street



625 51 9542

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 9542

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Dolly Alice Grissinger

2. DATE OF DEATH
Nov. 5/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

2344 Edmondson Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
Md.C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

2344 Edmondson Ave. 16-05

c. Length of stay in Baltimore

8 yrs

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

Yrs.
Mos.
Days

8. DATE OF BIRTH

Aug. 27, 1905

9. AGE (In years last birthday)

46

If Under 1 Year Months: Days Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

13. FATHER'S NAME

Simpson Bowman

11. BIRTHPLACE (State or foreign country)

Penna.

12. CITIZEN OF WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Julia Hazard

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Roy Parson Box 213, Orbisonia,

18.

CAUSE OF DEATH

Penna.

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Carcinoma of the Cervix

2 years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO
(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

m. WHILE AT WORK NOT WHILE AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1950, to November, 1951, that I last saw the deceased alive on Nov. 4, 1951, and that death occurred at 8:45 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

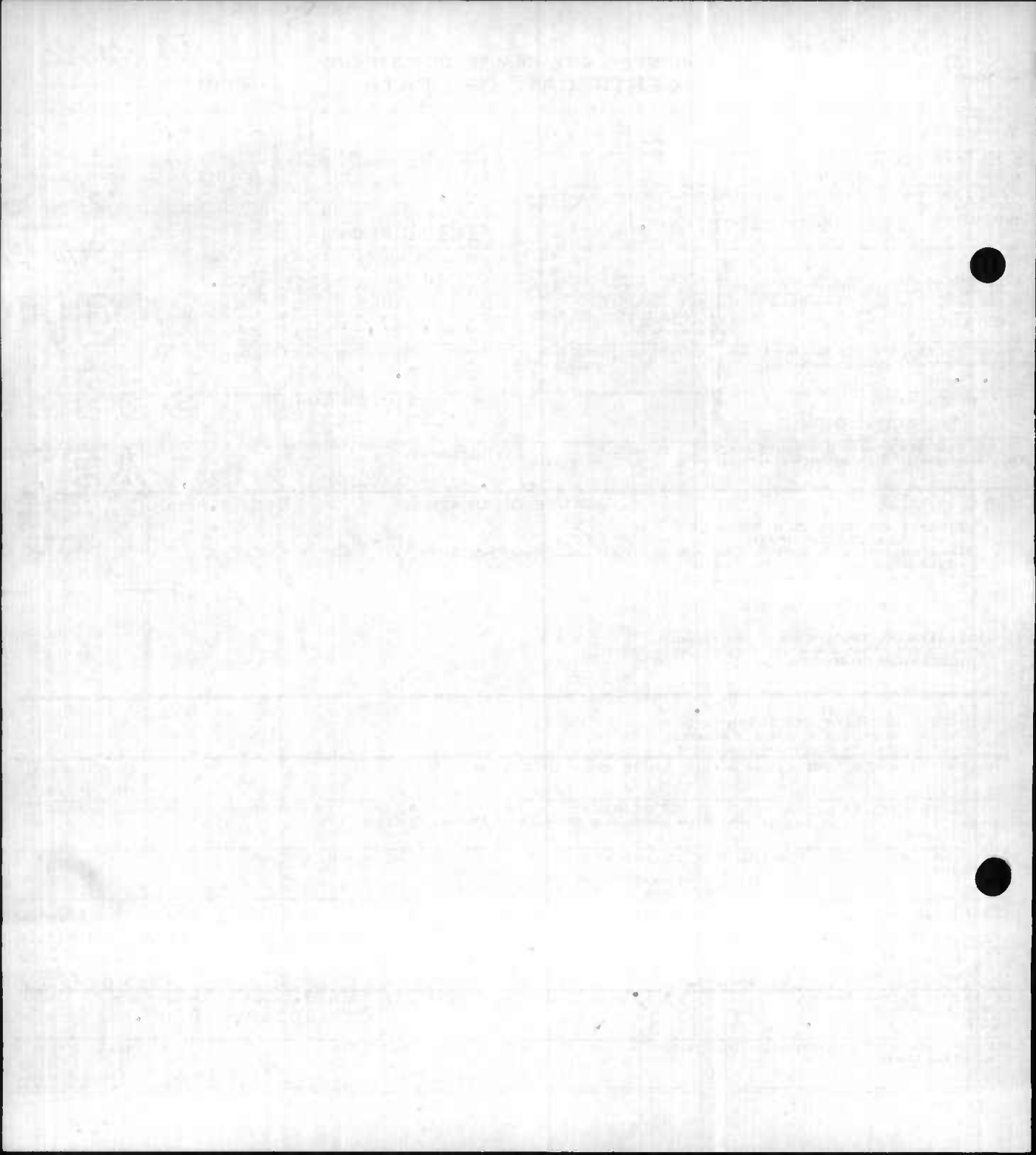
24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS



51 9543

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 9543
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Sadie Jones

2. DATE
OF
DEATH

11/2/1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF

HOSPITAL OR
INSTITUTION

University Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE

Md

B. COUNTY

before admission)

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1203 Eiting St 17-12

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F.

6. COLOR OR RACE

C.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Nov. 22, 1882

9. AGE (In years
last birthday)

68

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, also if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Chester Md

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

John Kent

14. MOTHER'S MAIDEN NAME

Fannie Gray

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Lena Martin 1203 Eiting St

18. 330 X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) sub-archaoid hemorrhage

22 hrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Hypertension

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Arteriosclerosis

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-2, 1951, to 11-2, 1951, that I last saw the
deceased alive on 11-2, 1951, and that death occurred at 10:10 A.m., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

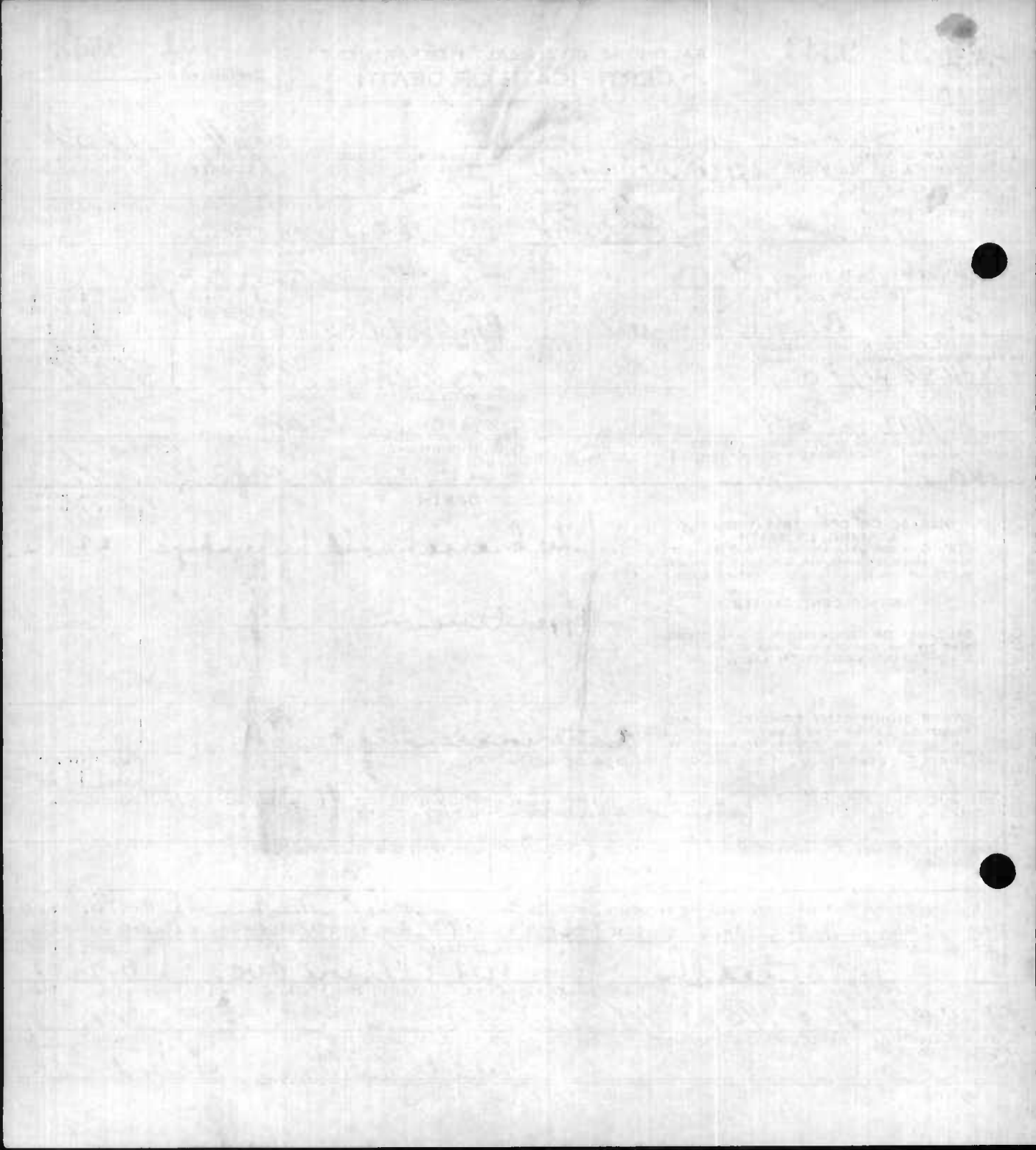
DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Mrs. Katherine Williams Schrock St



51 9544
450
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 9544

1. NAME OF DECEASED (Type or Print) MAX J. J. KLEMM			2. DATE OF DEATH Nov. 1, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore		
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
C. Length of stay in Baltimore 50 yrs.			D. STREET ADDRESS (If rural, give location) 503 Fairview Avenue		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Jan 13-1876	9. AGE (in years last birthday) 75	If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sheet Metal Worker			11. BIRTHPLACE (State or foreign country) Germany		
10B. KIND OF BUSINESS OR INDUSTRY Own Bus.			12. CITIZEN OF WHAT COUNTRY U. S. A.		
13. FATHER'S NAME Unknown			14. MOTHER'S MAIDEN NAME Unknown		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT John C. Klemm			ADDRESS 500 North Pt Rd.		

18. **422.1 I**
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) **Arteriosclerotic cardiovascular disease**
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

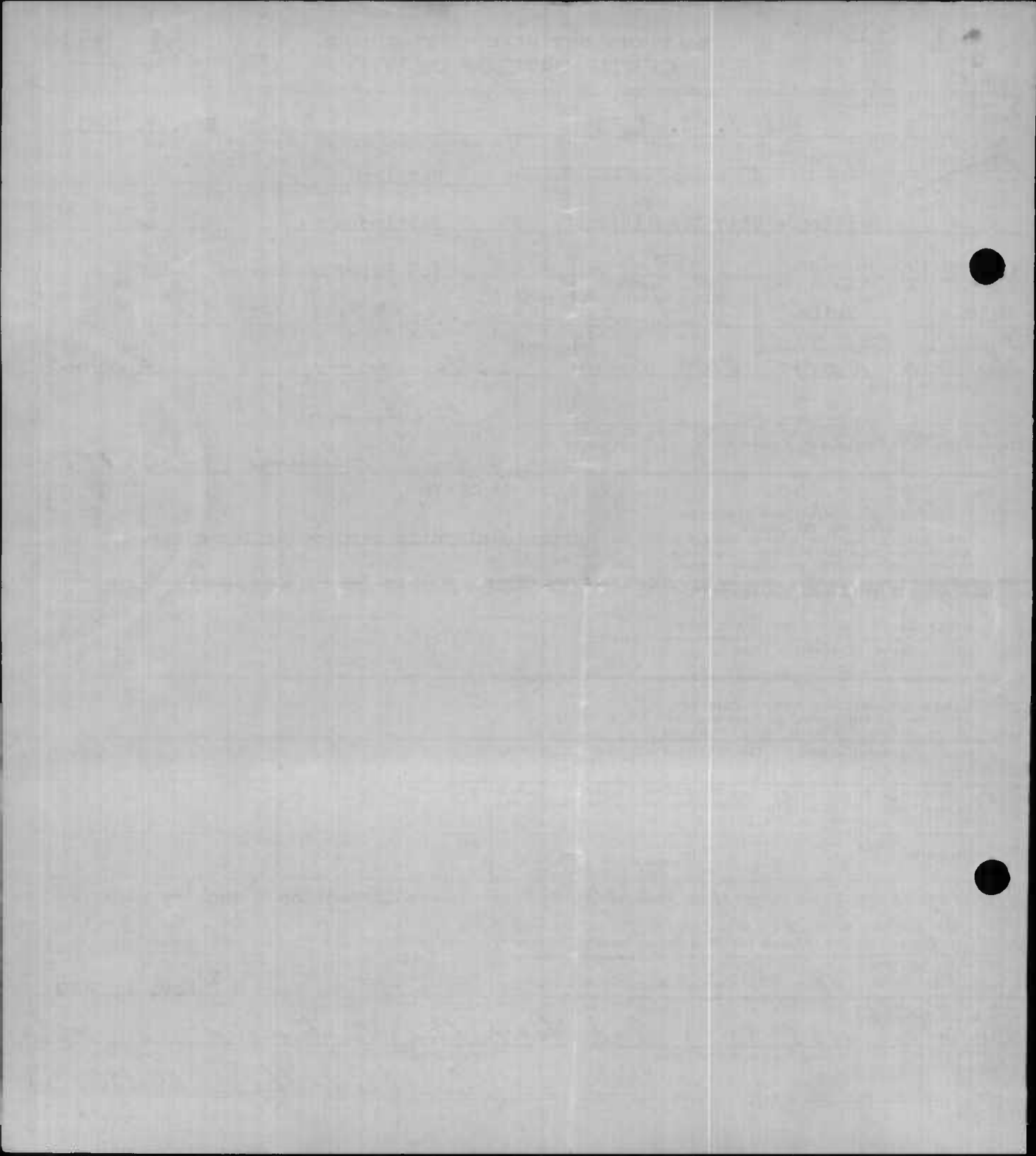
(B) _____
DUE TO
(C) _____

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I certify that I took charge of the remains described above, held an **inspection & inquiry** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE Stanley B. Durlacher		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED Nov. 1, 1951	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 11/5/51		24C. NAME OF CEMETERY OR CREMATORY Oak Lawn Cem.	
24D. LOCATION (City, town, or county) md.		24E. FUNERAL DIRECTOR John H. Connelly		ADDRESS Balta. 21	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR ADDRESS	



AB-153657

51 9545

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

51 9545

1. NAME OF DECEASED (Type or Print) Anna Rode		2. DATE OF DEATH 11-5-1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 26-44	
c. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 116 N. Haven St. zone 24	
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 17- 1888
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home.		10B. KIND OF BUSINESS OR INDUSTRY -	
13. FATHER'S NAME John Kuhn (DEC)		14. MOTHER'S MAIDEN NAME Unknown. (DEC)	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMATION Baltimore City Hospitals Records: 4940 Eastern Ave.		18. CAUSE OF DEATH Arteriosclerotic Heart Disease INTERVAL BETWEEN ONSET AND DEATH Over 5yrs.	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 420.0 I CAUSE OF DEATH Arteriosclerotic Heart Disease DUE TO (A) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) (C)		19. DATE OF OPERATION 0	
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 11-3- , 1951, to 11-5- , 1951, that I last saw the deceased alive on 11-5- , 1951, and that death occurred at 4.15A. , from the causes and on the date stated above.			
23A. SIGNATURE [Signature]		23B. ADDRESS 4940 Eastern Ave., Baltimore, Md.	
23C. DATE SIGNED 11-5-1951		24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24B. DATE 11/8/51		24C. NAME OF CEMETERY OR CREMATORY Oak Lawn.	
24D. LOCATION (City, town, or county) (State) Eastern Ave. Md.		25. FUNERAL DIRECTOR John B. Connelly.	
DATE RECEIVED BY LOCAL REGISTRAR OV 6-1951		REGISTRAR'S SIGNATURE [Signature]	

MEDICAL CERTIFICATION

42

549
63

400
51 9546

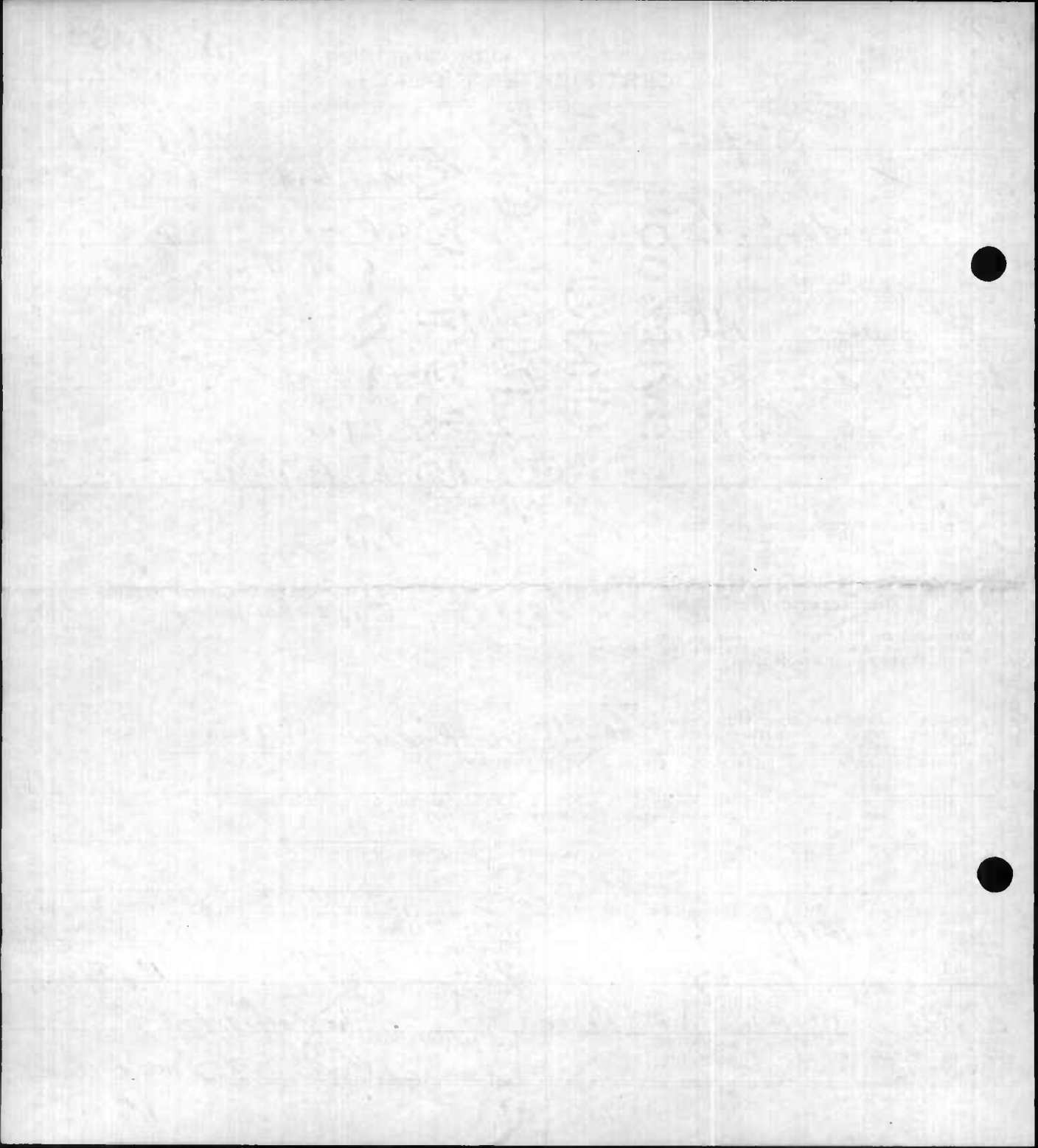
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 9546
Registered No.

1. NAME OF DECEASED (Type or Print) <i>Rufus Gill</i>			2. DATE OF DEATH <i>11/5/51</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>Provident Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 18-01</i>		
C. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) <i>246 N. Amdt St.</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Negro</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>11/24/11</i>	9. AGE (In years last birthday) <i>39</i> If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Steel Unloader</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Bethlehem Steel</i>		11. BIRTHPLACE (State or foreign country) <i>Chesterfield, S.C.</i>	
13. FATHER'S NAME <i>Colombus Gill</i>		14. MOTHER'S MAIDEN NAME <i>Lizzie Gill</i>		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <i>249-12-4342</i>		17. INFORMANT ADDRESS <i>Lumisha Gill-1927 N Payson St.</i>	

MEDICAL CERTIFICATION

18. <i>446 x 1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Renal Disease</i> (A) DUE TO <i>Essential Hypertension</i> (B) DUE TO <i>Renal Insufficiency - Uremia</i> (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			CAUSE OF DEATH <i>Renal Disease</i> <i>Essential Hypertension</i> <i>Renal Insufficiency - Uremia</i>			INTERVAL BETWEEN ONSET AND DEATH		
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)				
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from <i>Nov. 2</i> , 19 <i>51</i> , to <i>Nov. 5</i> , 19 <i>51</i> , that I last saw the deceased alive on <i>10/3/51</i> , 19 <i>51</i> , and that death occurred at <i>4:25</i> A.M., from the causes and on the date stated above.								
23A. SIGNATURE <i>Stacy Danfield</i>		M. D.		23B. ADDRESS <i>722 N. Fulton Ave</i>		23C. DATE SIGNED <i>11/5/51</i>		
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>11/11/51</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Mt. Hope</i>		24D. LOCATION (City, town, or county) (State) <i>Chesterfield, S.C.</i>		
DATE RECEIVED BY LOCAL REGISTRAR <i>NOV 6 - 1951</i>		REGISTRAR'S SIGNATURE <i>John J. Miller</i>		25. FUNERAL DIRECTOR <i>Charles L. Law</i>		ADDRESS <i>- 802 Mad. Ave.</i>		



51 9547

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

20
51 9547
450
BIRTH NO.1. NAME OF DECEASED
(Type or Print)

Marion Allen (Thomas)

2. DATE
OF DEATH

Nov. 2, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

Baltimore, Md.

B. FULL NAME OF
(If not in hospital or institution, give street address or location)
INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 14-03

c. Length of stay in Baltimore

?

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

2024 G. HOSPITAL ST

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 442 X 1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from 10 / 4, 1951, to 11 / 2, 1951, that I last saw the
deceased alive on 11 / 2, 1951, and that death occurred at 2:35 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

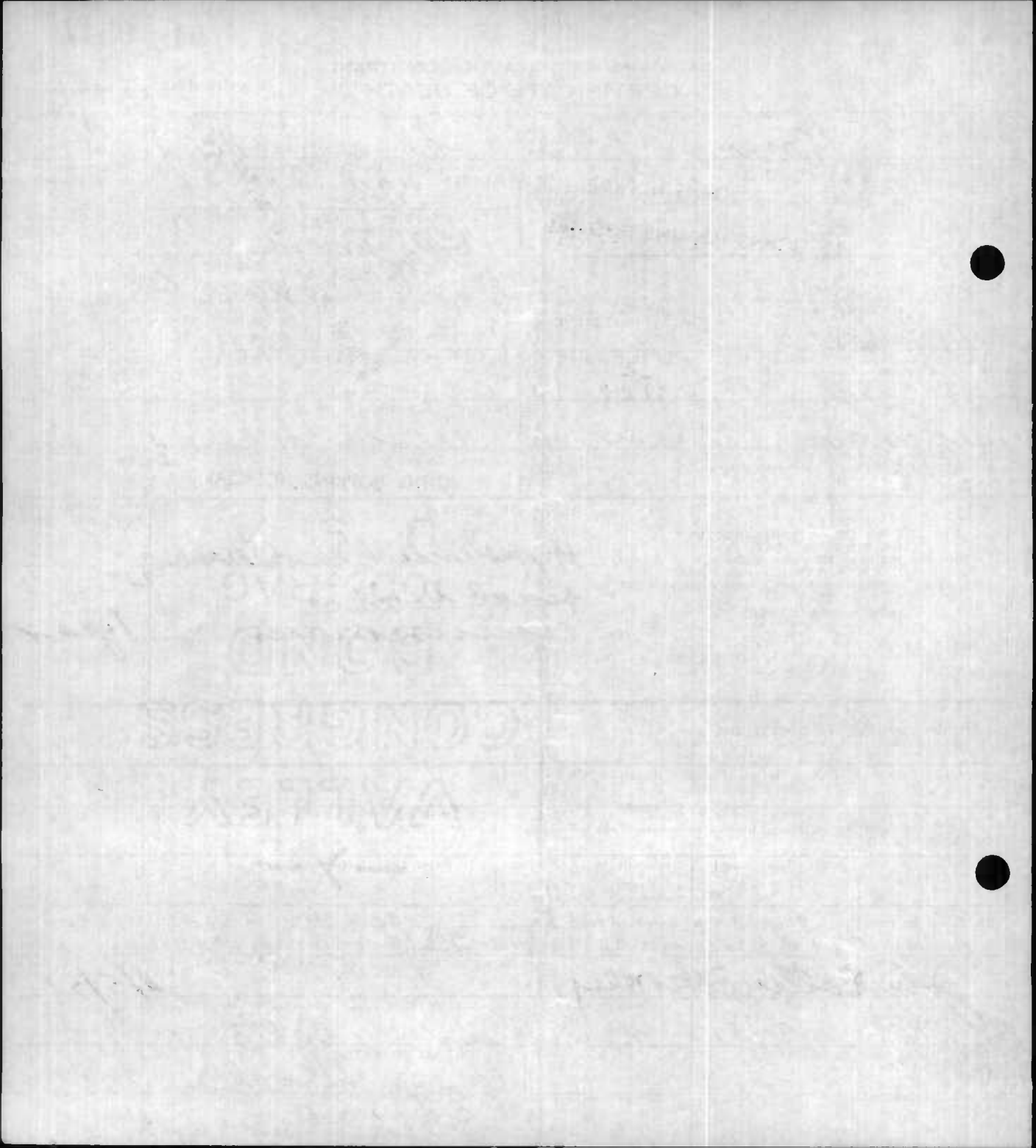
24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS



363

51 9548

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 9548

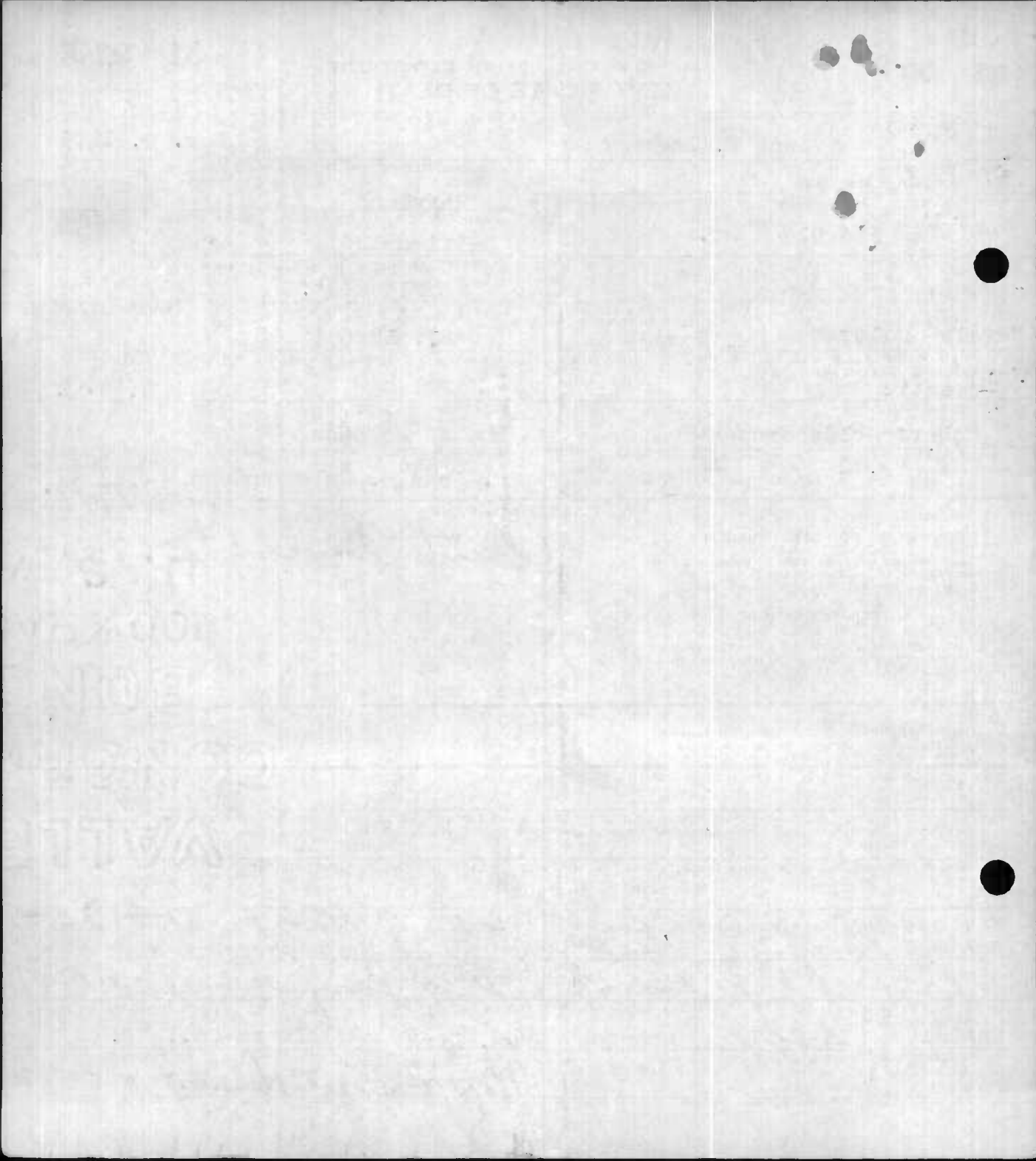
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) Anna M. Stewart		2. DATE OF DEATH Nov. 4, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY _____	
B. FULL NAME OF HOSPITAL OR INSTITUTION 524 Bloom St.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) 524 Bloom St.	
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH May 21, 1886
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 65
13. FATHER'S NAME Robert Goldsborough		11. BIRTHPLACE (State or foreign country) Maryland	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME Katie Johnson	
17. INFORMANT Mr. John H. Goldsborough		ADDRESS 524 Bloom St.	

18. 431X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Acute Myocarditis DUE TO (A) _____ (B) _____ (C) _____ ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (A) _____ (B) _____ (C) _____ II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	INTERVAL BETWEEN ONSET AND DEATH 1950 Jan.
--	--

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jan. 1, 1950 , to Nov. 4, 1951 , that I last saw the deceased alive on Nov. 4, 1951 , and that death occurred at Nov. 4, 1951 , from the causes and on the date stated above.					
23A. SIGNATURE Francis A. Johnson		23B. ADDRESS 2329 Guilford L.		23C. DATE SIGNED Nov 5-51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 11-8-51		24C. NAME OF CEMETERY OR CREMATORY Arbutus Mem. Park	
24D. LOCATION (City, town, or county) (State) Baltimore Co., Md.		25. FUNERAL DIRECTOR Mrs. Francis A. Johnson		ADDRESS 18 W. Biddle St.	



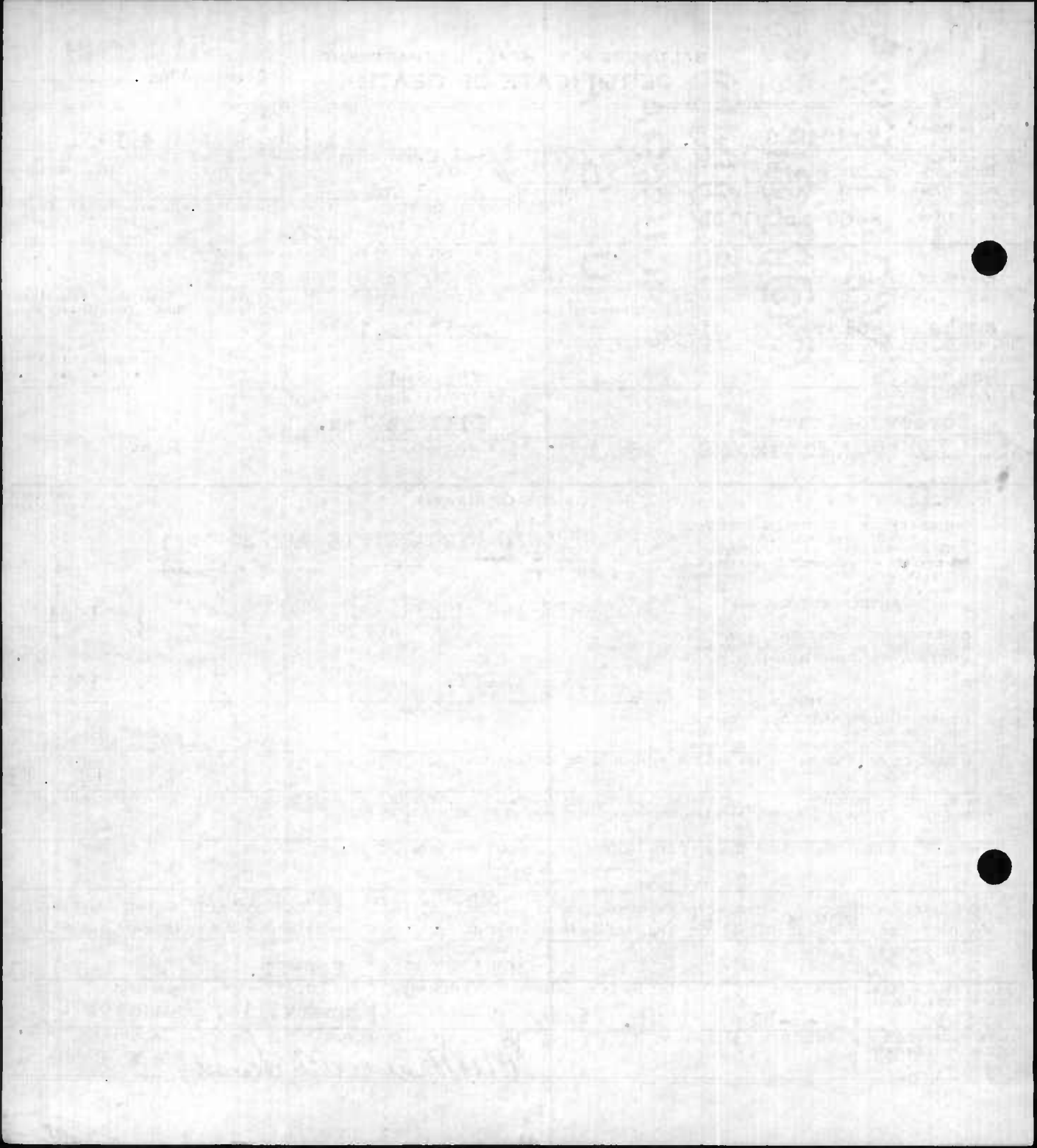
620
51 9549BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 9549
Registered No.

BIRTH NO.

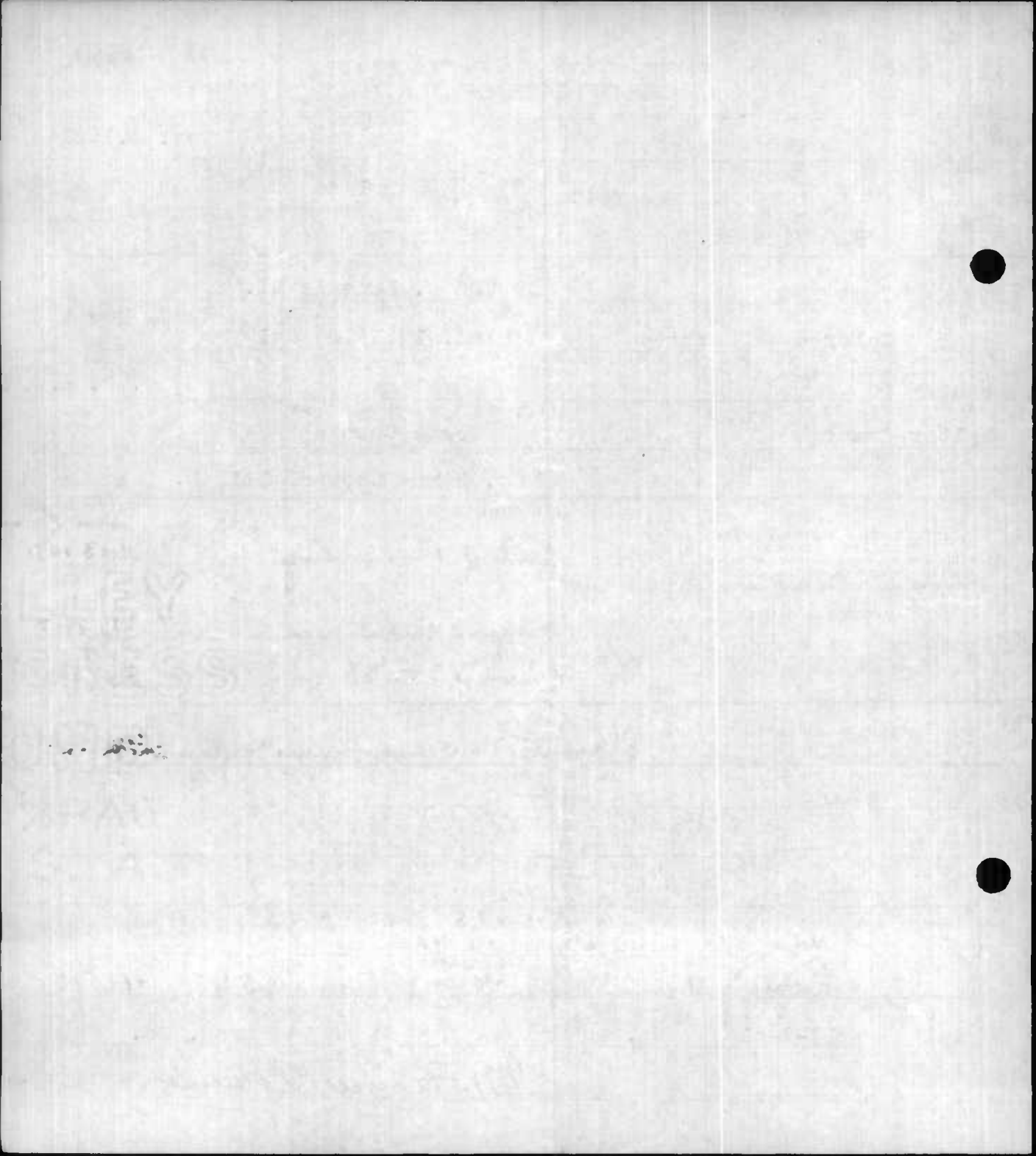
1. NAME OF DECEASED (Type or Print) MINNIE GRIGGS.			2. DATE OF DEATH NOV 4 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland BALTIMORE CITY			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY BALTIMORE CITY.		
B. FULL NAME OF (If not in hospital or institution, give street address or location) 2360 McCulloh St.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE CITY.		
D. STREET ADDRESS (If rural, give location) 2360 McCULLOH STREET.			E. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days		
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH April 18, 1886		9. AGE (In years last birthday) 65
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Virginia
13. FATHER'S NAME Dorsey Spinney			14. MOTHER'S MAIDEN NAME Lillian Fox.		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS

18. 4721 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CHRONIC MYOCARDITIS MAY 30 1951		INTERVAL BETWEEN ONSET AND DEATH
(A) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. ARTERIOR SCLEROSIS		1951
(B) DUE TO SENILITY.		1951
(C)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION NONE		19B. MAJOR FINDINGS OF OPERATION NONE		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from MAY 30 , 19 51 , to NOV 4 1951 , that I last saw the deceased alive on NOV 4 , 19 51 , and that death occurred at 7 P. m. , from the causes and on the date stated above.					
23A. SIGNATURE <i>Chas. J. Clavette</i>		23B. ADDRESS 3013 ST PAUL STREET.		23C. DATE SIGNED NOV 5 1951	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 11-8-51		24C. NAME OF CEMETERY OR CREMATORY Mt. Pisgah Cem	
24D. LOCATION (City, town, or county) (State) Upperville, Fauquier Co. Va.		24E. FUNERAL DIRECTOR <i>McFarran A. Hensley</i>		24F. ADDRESS 578 W. Biddle St.	



-460 51 9550		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		51 9550 Registered No. _____	
BIRTH NO. _____					
1. NAME OF DECEASED (Type or Print) Gladys Delaware			2. DATE OF DEATH Nov. 3, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 820 Vine St.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 17-03		
C. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) 706 W. Lanvale St.		
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 17, 1910	9. AGE (In years last birthday) 41	If Under 1 Year Months: _____ Days: _____ If Under 24 Hours Hours: _____ Min. _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10B. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U. S. A.			13. FATHER'S NAME Walter Evans		
14. MOTHER'S MAIDEN NAME Rosie Cornish			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) _____		
16. SOCIAL SECURITY NO. _____			17. INFORMANT ADDRESS Mr. Harry Cooper 1113 W. Lanvale St		
18. 331X and 416X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Cerebral Hemorrhage DUE TO (B) Malignant Hypertension DUE TO (C) Generalized Arteriosclerosis INTERVAL BETWEEN ONSET AND DEATH Nov 3 1951 3/5 1950 3/5 1950					II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Rheumatic Heart Disease, Chronic Emphysema 3/5 1950
19A. DATE OF OPERATION None		19B. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____	
21D. TIME (Month) (Day) (Year) (Hour) INJURY _____		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from Nov 5, 1950, to Nov 3, 1951, that I last saw the deceased alive on Nov 2, 1950, and that death occurred at 7 A. m., from the causes and on the date stated above.					
23A. SIGNATURE Ralph F. Young		23B. ADDRESS 1429 E Monument St		23C. DATE SIGNED 11/5/51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 11-7-51		24C. NAME OF CEMETERY OR CREMATORY Mt. Auburn Cem	
24D. LOCATION (City, town, or county) Baltimore, Md.		24E. FUNERAL DIRECTOR Mrs. Frances A. Hensley		24F. ADDRESS W. Biddle St	
DATE RECEIVED BY LOCAL REGISTRAR OV 6-1951		REGISTRAR'S SIGNATURE [Signature]		VS 150	



-460

51 9551

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 9551
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) Franklin Winfield Miller		2. DATE OF DEATH Nov. 4, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY			
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 3315 Gwynns Falls Parkway		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
c. Length of stay in Baltimore 66 Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 3315 Gwynns Falls Parkway			
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June, 11, 1885	9. AGE (In years, last birthday) 66	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Bakery Mgr.		10B. KIND OF BUSINESS OR INDUSTRY United Bakeries, Inc.		11. BIRTHPLACE (State or foreign country) Md.	
13. FATHER'S NAME George F. Miller, Sr.		14. MOTHER'S MAIDEN NAME Mary Clagett			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. 556-10-4340		17. INFORMANT Mrs. Alice H. Miller	
				ADDRESS 3315 Gwynns Falls	
18. 443X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) - cerebral Hemorrhage (Recurrent) DUE TO Hypertensive Heart Disease DUE TO - cerebral Hemorrhage		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH 2 days 10 years 6 years	
19A. DATE OF OPERATION None		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jan. 1938 , to Nov. 4, 1951 , that I last saw the deceased alive on Nov. 3, 1951 , and that death occurred at 11:30 A.M. , from the causes and on the date stated above.					
23A. SIGNATURE Earl L. Chambers		23B. ADDRESS 4108 Liberty Hts. Ave.		23C. DATE SIGNED 11/5/51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Crementation		24B. DATE 11-7-51		24C. NAME OF CEMETERY OR CREMATORY Loudon Park	
24D. LOCATION (City, town, or county) (State) Baltimore, Md.		25. FUNERAL DIRECTOR G. Howard Strong			
DATE RECEIVED BY LOCAL REGISTRAR NOV 11 1951		ADDRESS 3207 W. North Ave.			

Dr. Earl L. Clements
4108 1st Ave

652

51 9552

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

51 9552

BIRTH NO.

1. NAME OF DECEASED (Type or Print) ISAIAH HENRY FRENCH		2. DATE OF DEATH Nov. 5, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE Maryland B. COUNTY Somerset	
B. FULL NAME OF (If not in hospital or institution, give street address or location) US Public Health Service Hospital 133 days		C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Rumbley	
D. STREET ADDRESS (If rural, give location) 6900			
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 3/22/85
9. AGE (In years last birthday) 66		10. Under 1 Year Months Days 11. Under 24 Hours Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Seaman		10B. KIND OF BUSINESS OR INDUSTRY Seafarer	
11. BIRTHPLACE (State or foreign country) Md.		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Samuel French		14. MOTHER'S MAIDEN NAME Mary Blake	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) ?		16. SOCIAL SECURITY NO. ?	
17. INFORMANT Records- US PHS HOSPITAL, BALTO, Md.		ADDRESS	

18. 177X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Adenocarcinoma of prostate DUE TO (A) Adenocarcinoma of prostate (B) Antecedent causes (C) Diseases or conditions, if any, giving rise to the above cause (A) stating the underlying condition last. INTERVAL BETWEEN ONSET AND DEATH At least 2 yrs.
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19A. DATE OF OPERATION 6/27/51		19B. MAJOR FINDINGS OF OPERATION Prostatic carcinoma, primary		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **June 25**, 19**51**, to **Nov. 5**, 19**51**, that I last saw the deceased alive on **Nov. 5**, 19**51**, and that death occurred at **5:15PM.**, from the causes and on the date stated above.

23A. SIGNATURE Jack Hovick, SA Surgeon (R)		23B. ADDRESS US PHS HOSPITAL, BALTO, MD.		23C. DATE SIGNED 11/6/51	
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24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 11-8-1951		24C. NAME OF CEMETERY OR CREMATORY Fairmount		24D. LOCATION (City, town, or county) (State) Fairmount, Somerset Co., Md	
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DATE RECEIVED BY LOCAL REGISTRAR NOV 6 - 1951		REGISTRAR'S SIGNATURE H. Harvey Bradshaw		25. FUNERAL DIRECTOR H. Harvey Bradshaw		ADDRESS Crisfield, Md.	
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THE UNIVERSITY OF CHICAGO
LIBRARY

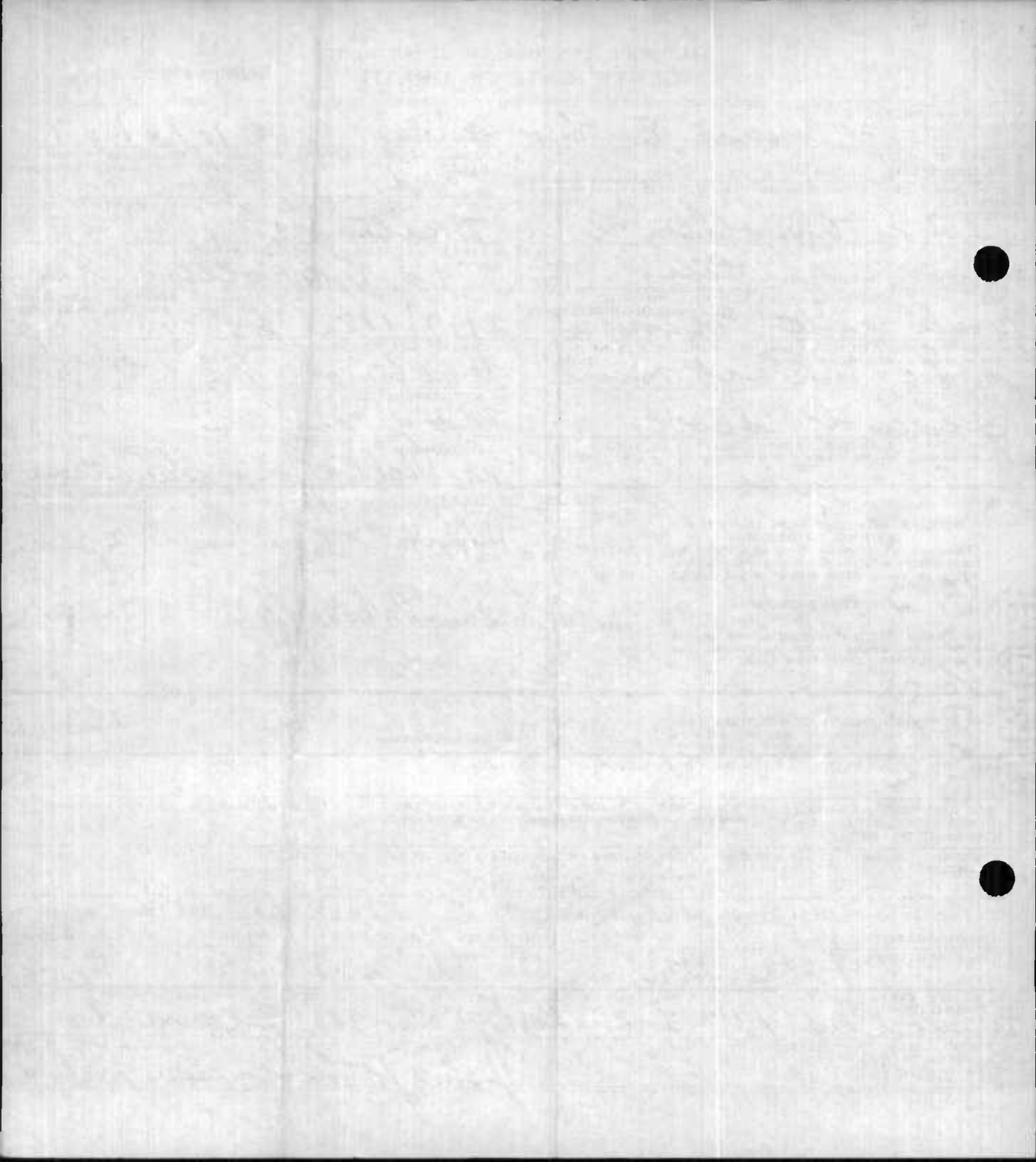
1957
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8-654
51 9553BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 9553
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Florence E. Cornelius</i>		2. DATE OF DEATH <i>11/6/51</i>	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Md</i> B. COUNTY	
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>54 So. Carrollton Ave</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 18-03</i>	
6. LENGTH OF STAY IN BALTIMORE <i>Life</i>		D. STREET ADDRESS (If rural, give location) <i>54 S. Carrollton Ave</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>2/17/1882</i>
9. AGE (In years last birthday) <i>69</i>		10. UNDER 1 Year Months: Days 11. UNDER 24 Hours Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>House work</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>at home</i>	
11. BIRTHPLACE (State or foreign country) <i>Baltimore Md.</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
13. FATHER'S NAME <i>James A. Scott</i>		14. MOTHER'S MAIDEN NAME <i>Mary Wilson</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>-</i>		16. SOCIAL SECURITY NO. <i>-</i>	
17. INFORMANT <i>Mr. Walter J. Cornelius Carrollton</i>		ADDRESS <i>54 So.</i>	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <i>725X I</i> <i>Hypostatic Pneumonia</i> DUE TO <i>Disabling Arthritis of spine</i> DUE TO <i>Malnutrition</i>		INTERVAL BETWEEN ONSET AND DEATH <i>a few days</i> <i>Years</i> <i>a few weeks</i>	
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>11/5</i> , 1951, to <i>11/6</i> , 1951, that I last saw the deceased alive on <i>11/5</i> , 1951, and that death occurred at <i>4 a.m.</i> , from the causes and on the date stated above.			
23A. SIGNATURE <i>Abraham Goldman M. D.</i>		23B. ADDRESS <i>206 S. Gilman St.</i>	
23C. DATE SIGNED <i>11/6/51</i>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>11/8/51</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>Landon Park Cem.</i>		24D. LOCATION (City, town, or county) (State) <i>3801 Frederick Ave</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>NOV 6 - 1951</i>		REGISTRAR'S SIGNATURE <i>John J. Cowan</i>	
FUNERAL DIRECTOR <i>John J. Cowan</i>		ADDRESS <i>201 N. Hollins</i>	



536

51 9554

51 9554

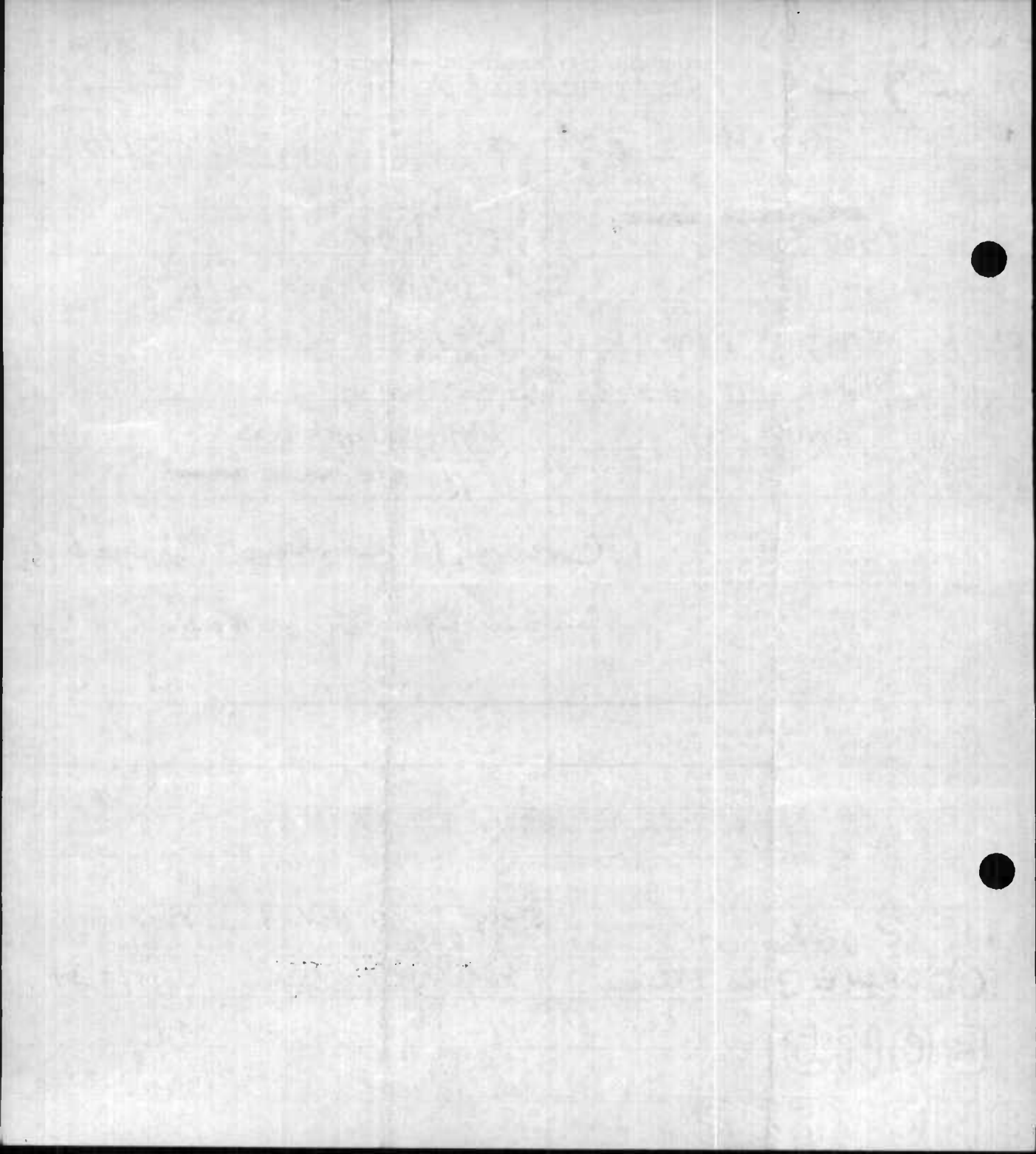
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

1. NAME OF DECEASED (Type or Print) Robert H. Henderson			2. DATE OF DEATH Nov 3 1957		
3. PLACE OF DEATH: A. Baltimore City, Maryland 5907 Burgess Ave. Bill			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE MARYLAND B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION "HOME" 5907 BURGESS AVE			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 27-44		
c. Length of stay in Baltimore 14			D. STREET ADDRESS (If rural, give location) 5907 BURGESS AVE		
5. SEX MALE	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 3/27/05	9. AGE (In years last birthday) 46	If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TOOL MAKER		10B. KIND OF BUSINESS OR INDUSTRY GLENN L. MARTIN AIRPLANE (M)	11. BIRTHPLACE (State or foreign country) Scotland		12. CITIZEN OF WHAT COUNTRY? U.S.A
13. FATHER'S NAME Hugh Henderson			14. MOTHER'S MAIDEN NAME MARY HARKNESS		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) UNKNOWN		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS JOHNS HOPKINS HOSPITAL		

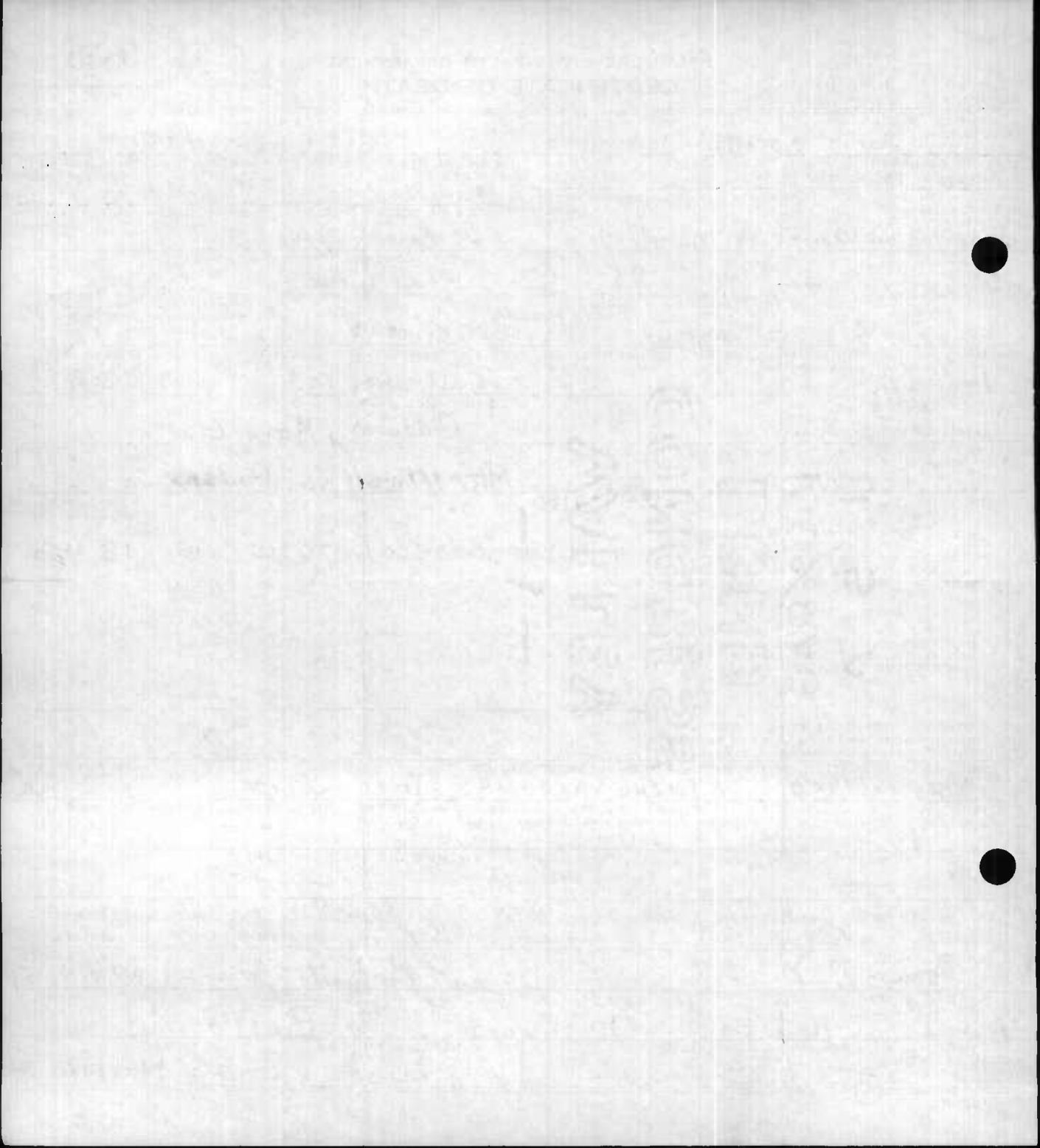
18. 204.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral Hemorrhage (?)	CAUSE OF DEATH (A) DUE TO Cerebral Hemorrhage (?) (B) DUE TO Chronic Lymphatic Leukemia (C) _____	INTERVAL BETWEEN ONSET AND DEATH One day (?) Four years
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from July 1950 to Nov. 3, 1957 , that I last saw the deceased alive on Oct. 26, 1957 , and that death occurred at 2:30 p.m. , from the causes and on the date stated above.					
23A. SIGNATURE Robert C. Hartmann, D.		23B. ADDRESS JOHNS HOPKINS HOSPITAL		23C. DATE SIGNED 11/3/57	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 11-6-57	24C. NAME OF CEMETERY OR CREMATORY Parkwood	24D. LOCATION (City, town, or county) (State) BALTO Md.		
DATE RECEIVED BY LOCAL REGISTRAR NOV 6 - 1957		REGISTRAR'S SIGNATURE L. J. Kuck		25. FUNERAL DIRECTOR ADDRESS 5305 Harford Rd	



323-
51 9555BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 9555
Registered No.

1. NAME OF DECEASED (Type or Print) Doris Loretta Dodson		2. DATE OF DEATH 11/4/51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore	
B. FULL NAME OF HOSPITAL OR INSTITUTION Hospital for Women of Maryland		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore Zone #13	
C. LENGTH OF STAY IN BALTIMORE 28 Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 3317 Lake Ave 26-03	
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct 17, 1923
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 28
13. FATHER'S NAME William B. Jones		11. BIRTHPLACE (State or foreign country) Baltimore, Md.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
16. SOCIAL SECURITY NO. 218-19-2180		14. MOTHER'S MAIDEN NAME Godwin, Mary G.	
17. INFORMANT MR. Atwell C. Dodson, Jr.		ADDRESS 3317 LAKE	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) LYMPHOSARCOMATOSIS DUE TO 18 Mo's.		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION MAY 12, 1950		19B. MAJOR FINDINGS OF OPERATION LYMPHO SARCOMA - ILIAC NODES	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) No		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) No	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) INJURY Nov. 4, 1951	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? Nov. 4, 1951	
22. I hereby certify that I attended the deceased from MAY 1, 1950 , to Nov. 4, 1951 , that I last saw the deceased alive on Nov. 4, 1951 , and that death occurred at 9:50 P.M. , from the causes and on the date stated above.			
23A. SIGNATURE James N. McCosh		23B. ADDRESS 1014 St. Paul St. Zone-2	
23C. DATE SIGNED Nov. 4, '51			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 11-7-51	
24C. NAME OF CEMETERY OR CREMATORY Parkwood		24D. LOCATION (City, town, or county) (State) Balto, Md	
DATE RECEIVED BY LOCAL REGISTRAR NOV 6 - 1951		REGISTRAR'S SIGNATURE L. J. Luck	
25. FUNERAL DIRECTOR L. J. Luck		ADDRESS 5305 Hartford Rd	



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51 9556

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 9556

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Edward E. Ludwig</i>		2. DATE OF DEATH <i>Nov. 4, 1951</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>MARYLAND</i> B. COUNTY <i>Baltimore</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Lutheran Hosp. of Maryland</i>		C. CITY OR TOWN <i>BALTIMORE</i>	
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <i>2912 HILLCREST Ave 5300</i>	
5. SEX <i>m</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>Dec. 9, 1891</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Supt. A.A.C.</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Acad dept</i>	9. AGE (In years last birthday) <i>59</i>
11. BIRTHPLACE (State or foreign country) <i>Maryland</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>Theodore Ludwig</i>		14. MOTHER'S MAIDEN NAME <i>Caroline Diebel</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Mrs. Pearl L. Ludwig-2912 Hillcrest</i>		ADDRESS	

18. <i>4/20.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	CAUSE OF DEATH <i>Immediate Cause</i> (A) <i>Acute Posterior Myocardial Infarction</i> DUE TO (B) <i>Arteriosclerotic Cardiovascular Disease with failure and apparent shock</i> (C)	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>Nov. 4, 1951</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>Nov. 3, 1951</i> , to <i>Nov. 4, 1951</i> , that I last saw the deceased alive on <i>Nov. 4, 1951</i> , and that death occurred at <i>2:55 a.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Ines C. Macapangan</i>		23B. ADDRESS <i>M.D. Lutheran Hospital of Md.</i>		23C. DATE SIGNED <i>Nov. 4, 1951</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>11-7-51</i>	24C. NAME OF CEMETERY OR CREMATORY <i>WESTERN</i>	24D. LOCATION (City, town, or county) (State) <i>BALTO Md</i>		
OATE RECEIVED BY LOCAL REGISTRAR <i>006-1951</i>		REGISTRAR'S SIGNATURE <i>L. J. Ruck</i>		25. FUNERAL DIRECTOR <i>L. J. Ruck</i>	
				ADDRESS <i>5305 Harford Rd</i>	

CENTERS FOR DISEASE CONTROL AND PREVENTION

Division of Field Epidemiology

Division of Laboratory Systems

Division of Prevention Control

Division of Public Health Practice

Division of Surveillance and Control

Division of Training and Education

Division of Administrative Services

Division of Information Systems

Division of Legal Affairs

Division of Policy and Planning

Division of Research and Statistics

Division of Technical Support

Division of Public Health Practice

Division of Surveillance and Control

Division of Training and Education

Division of Administrative Services

Division of Information Systems

Division of Legal Affairs

Division of Policy and Planning

Division of Research and Statistics

Division of Technical Support

Division of Public Health Practice

Division of Surveillance and Control

Division of Training and Education

Division of Administrative Services

Division of Information Systems

Division of Legal Affairs

Division of Policy and Planning

Division of Research and Statistics

Division of Technical Support

Division of Public Health Practice

Division of Surveillance and Control

Division of Training and Education

Division of Administrative Services

Division of Information Systems

Division of Legal Affairs

Division of Policy and Planning

Division of Research and Statistics

Division of Technical Support

Division of Public Health Practice

Division of Surveillance and Control

Division of Training and Education

Division of Administrative Services

Division of Information Systems

Division of Legal Affairs

Division of Policy and Planning

Division of Research and Statistics

Division of Technical Support

Division of Public Health Practice

Division of Surveillance and Control

Division of Training and Education

Division of Administrative Services

Division of Information Systems

Division of Legal Affairs

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

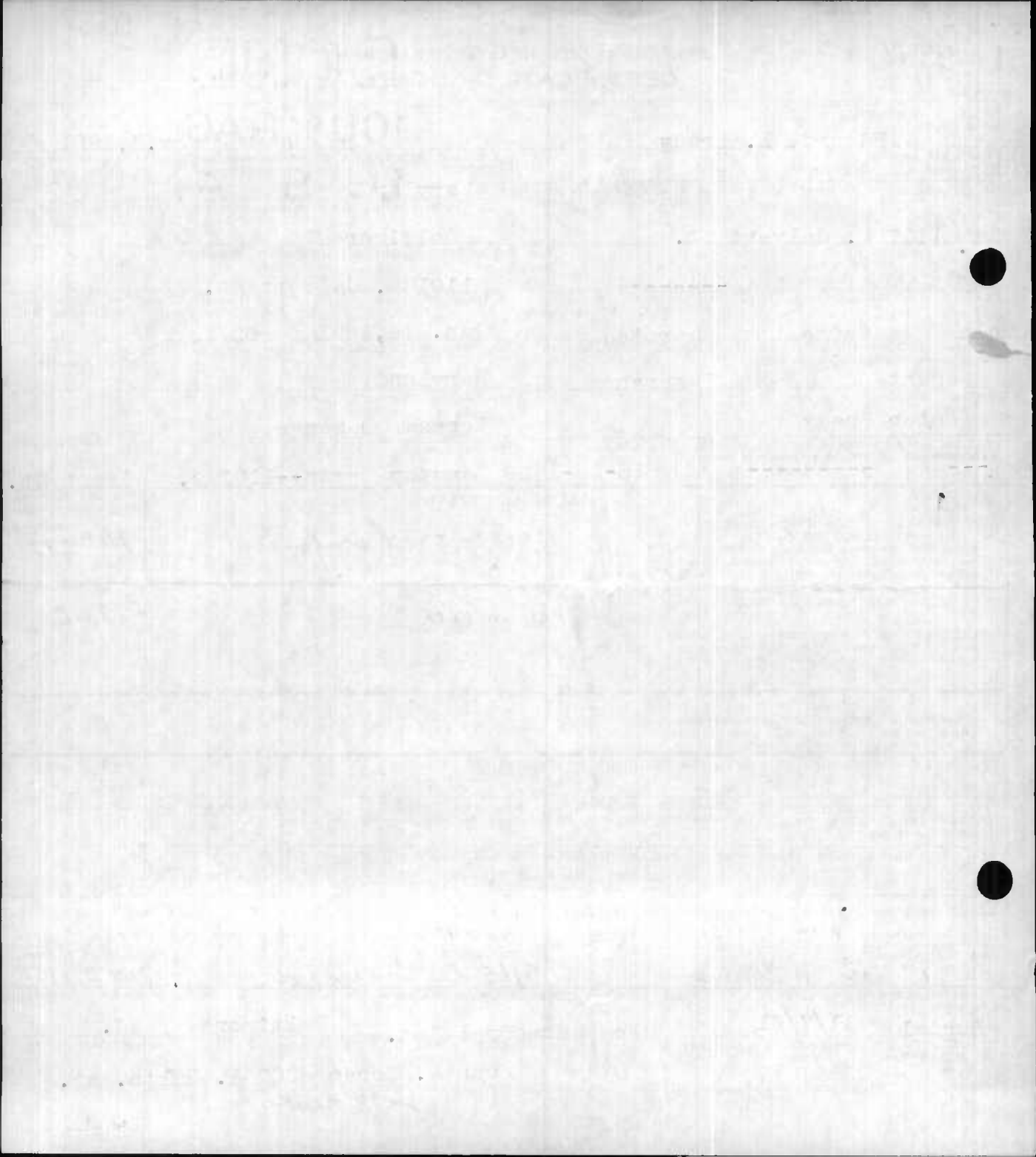
BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) <u>Edward L. Brady</u>		2. DATE OF DEATH <u>Nov. 3, 1951</u>	
3. PLACE OF DEATH: a. <u>Baltimore City, Maryland</u>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY _____	
b. FULL NAME OF HOSPITAL OR INSTITUTION <u>1101 N. Calvert St.</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u> <u>11-01</u>	
c. Length of stay in Baltimore _____ Yrs. Mos. Days		d. STREET ADDRESS (If rural, give location) <u>1101 N. Calvert St.</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan. 14, 1891</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Agent</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Insurance</u>	9. AGE (in years last birthday) <u>60</u>
13. FATHER'S NAME <u>Peter Brady</u>		11. BIRTHPLACE (State or foreign country) <u>Maryland</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) _____ (If yes, give war or dates of service) _____		12. CITIZEN OF WHAT COUNTRY? _____	
16. SOCIAL SECURITY NO. <u>218-26-1969</u>		17. INFORMANT ADDRESS <u>Dorothy Brady--1101 N. Calvert St.</u>	

18. <u>464X</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <u>Coronary Thrombosis</u> DUE TO _____		INTERVAL BETWEEN ONSET AND DEATH <u>4 PM - 4:50 PM</u>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <u>phlebitis</u> DUE TO _____		<u>1950</u>
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. _____		

19a. DATE OF OPERATION <u>0</u>		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____	
21d. TIME (Month) (Day) (Year) (Hour) INJURY _____ m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from <u>1950</u> 19 <u>Nov</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Nov</u> , 19 <u>51</u> , and that death occurred at <u>4:50</u> a.m., from the causes and on the date stated above.					
23a. SIGNATURE <u>Harold H Burns</u>		23b. ADDRESS <u>115 E. Cager St</u>		23c. DATE SIGNED <u>Nov 5, 1951</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11/7/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>New Cathedral Cem.</u>	
DATE RECEIVED BY LOCAL REGISTRAR <u>NOV 6 - 1951</u>		REGISTRAR'S SIGNATURE <u>William H. Williams</u>		25. FUNERAL DIRECTOR ADDRESS <u>John A. Moran 3000 E. Balto. St.</u>	

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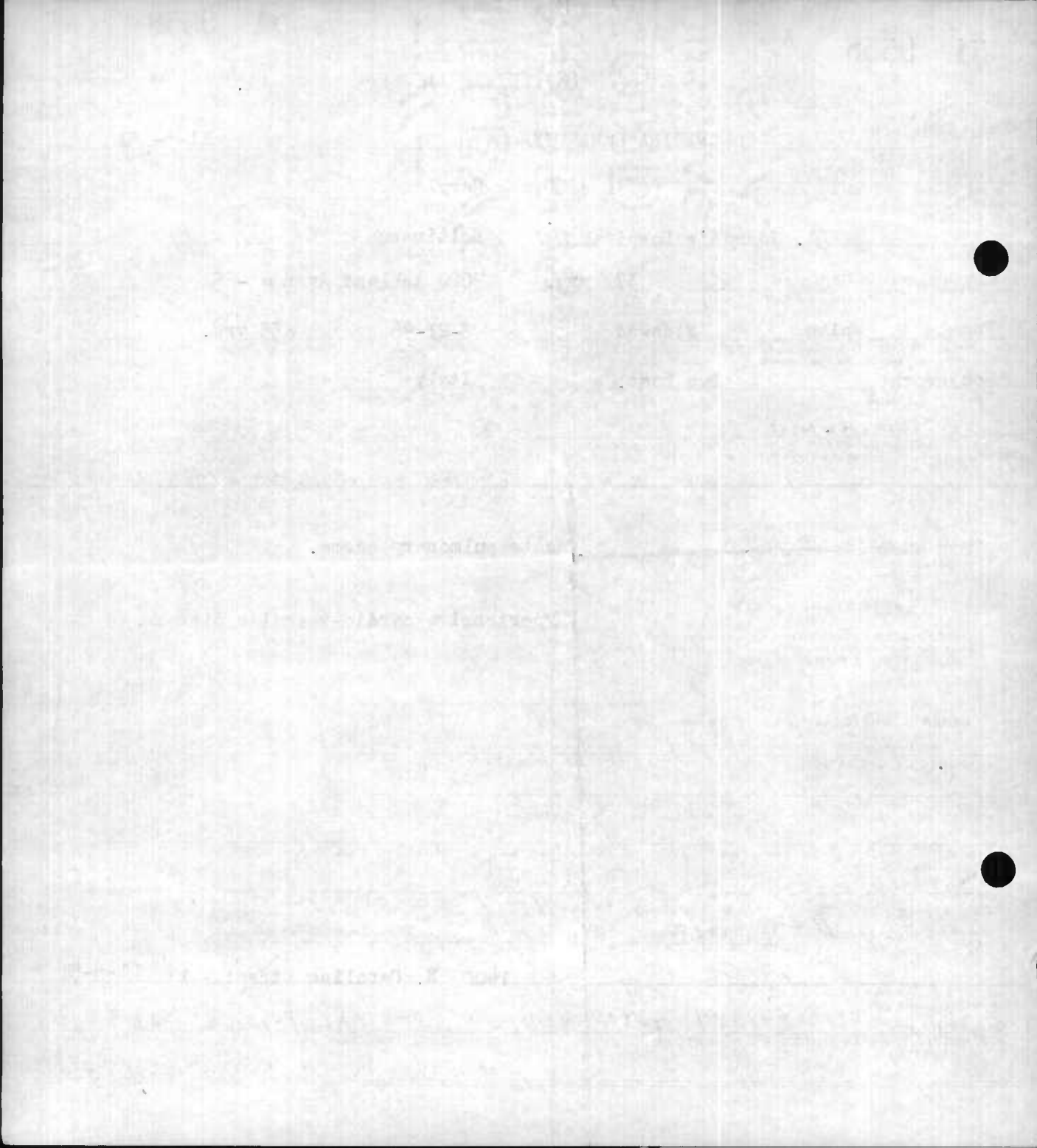
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO. L-563

1. NAME OF DECEASED (Type or Print) CONCETTINA LaMARTINA			2. DATE OF DEATH 11-5-51		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) St. Joseph's Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
C. Length of stay in Baltimore 37 yrs			D. STREET ADDRESS (If rural, give location) 2020 Ashland Avenue - 5		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 8-21-96	9. AGE (In years last birthday) 55 yrs.	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework			10B. KIND OF BUSINESS OR INDUSTRY Own home.		
11. BIRTHPLACE (State or foreign country) Italy			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME JOSEPH ALMIO			14. MOTHER'S MAIDEN NAME NOT KNOWN		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. NONE		
17. INFORMANT BENITO LA MARTINA			ADDRESS 2020 ASHLAND AVE		

18. 443 X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Acute pulmonary edema. DUE TO ANTECEDENT CAUSES Hypertensive cardio-vascular disease. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH		
19A. DATE OF OPERATION 0			19B. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 11-4 , 19 51 , to 11-5 , 19 51 , that I last saw the deceased alive on 11-5 , 19 51 , and that death occurred at 4 am., from the causes and on the date stated above.					
23A. SIGNATURE [Signature]		23B. ADDRESS 1400 N. Caroline Street - 13		23C. DATE SIGNED 11-5-51	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24B. DATE 11-6-1951	24C. NAME OF CEMETERY OR CREMATORY HOLY REDEEMER		24D. LOCATION (City, town, or county) (State) BALTIMORE MD	
DATE RECEIVED BY LOCAL REGISTRAR 11-7-51		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR FRANK CVACH * SON	
				ADDRESS 900 N. CHESTER ST	



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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

S. Marshall Franklines

2. DATE
OF
DEATH

Nov-5/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4203 Springdale

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

(If not in hospital or institution, give street address or location)

Virginia Lewis Nursing Home

C. Length of stay in Baltimore

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

—

8. DATE OF BIRTH

April 8/1870

9. AGE (In years
last birthday)

81

11 Under 1 Year
Months Days

6 28

12 Under 24 Hours
Hours Min.

—

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Retired

10B. KIND OF BUSINESS OR
INDUSTRY

Att'y at Law

13. FATHER'S NAME

Meyer Kronheimer

11. BIRTHPLACE (State or foreign country)

Balt. Md

12. CITIZEN OF
WHAT COUNTRY?

—

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

Mr. Mrs. Cohen

S. E. 100
APTS18. 331X and 260X
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, ashenia, etc. It means the disease,
injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

CAUSE OF DEATH

(A) Hypertensive - cerebral
thrombosis

(B) Hypertension & diabetes

(C) arteriosclerosis

INTERVAL BETWEEN
ONSET AND DEATH

48 hrs

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 1955, to _____, 1951, that I last saw the
deceased alive on 11/5, 1951, and that death occurred at 7:00 P.M., from the causes and on the date stated above.

23A. SIGNATURE

James S. Hines

23B. ADDRESS

908 N. Charles St.

23C. DATE SIGNED

11/6/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

Nov 9/51

24C. NAME OF CEMETERY OR CREMATORY

Oheb Shalom Cemetery

24D. LOCATION (City, town, or county) (State)

O'Donnell St

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

James S. Hines

25. FUNERAL DIRECTOR

ADDRESS

James S. Hines 62432 Kenton St

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) MARTHA ROSSMANN			2. DATE OF DEATH November 5, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION 415 S. SMALLWOOD ST.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 20-05		
D. STREET ADDRESS (If rural, give location) 415 S. SMALLWOOD ST.			5. SEX FEMALE		
6. COLOR OR RACE white			7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed		
8. DATE OF BIRTH JANUARY 12, 1860			9. AGE (In years last birthday) 91		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10B. KIND OF BUSINESS OR INDUSTRY DOMESTIC		
11. BIRTHPLACE (State or foreign country) GERMANY			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME Jacob LEINS			14. MOTHER'S MAIDEN NAME Unknown		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, so or unknown) NO			16. SOCIAL SECURITY NO. NONE		
17. INFORMANT MINNIE ROSSMANN			ADDRESS 415 S. SMALLWOOD		

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH 8 hrs.
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Arteriosclerotic Cardio-vascular disease		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Senility		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **Aug. 15**, 1951, to **Nov. 5**, 1951, that I last saw the deceased alive on **Nov. 5**, 1951, and that death occurred at **4:05 PM.**, from the causes and on the date stated above.

23A. SIGNATURE Delmar Longelin		23B. ADDRESS 4508 Edmondson Village		23C. DATE SIGNED 11/5/51	
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24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 11-8-51		24C. NAME OF CEMETERY OR CREMATORY WESTERN CEMETERY		24D. LOCATION (City, town, or county) (State) BALTIMORE, Md.	
--	--	-----------------------------	--	---	--	--	--

DATE RECEIVED BY LOCAL REGISTRAR NOV 7 - 1951		REGISTRAR'S SIGNATURE Wm. J. Williams, M.D.		25. FUNERAL DIRECTOR Geo. L. Schwab		ADDRESS 2101 Frederick Ave.	
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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

MARGARET G SMITH

2. DATE
OF
DEATH

Nov. 4, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

26-05

D. STREET ADDRESS (If rural, give location)

617 S. Savage Street

C. Length of stay in Baltimore

LIFE

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

Aug 26, 1906

9. AGE (In years
last birthday)

45

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

CLERK

10B. KIND OF BUSINESS OR
INDUSTRY

FEDERAL GOVERNMENT

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

WILLIAM HINKLE

14. MOTHER'S M maiden NAME

MARY SCHROEDER

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

NONE

16. SOCIAL
SECURITY NO.

NONE

17. INFORMANT

ADDRESS

George Smith 617 S. SAVAGE ST.

18. H43X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Hypertensive cardiovascular disease

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
MEDICAL INVESTIGATOR

23C. DATE SIGNED

Nov. 4, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

11-8-51

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park

24D. LOCATION (City, town, or county)

BALTIMORE, MARYLAND

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

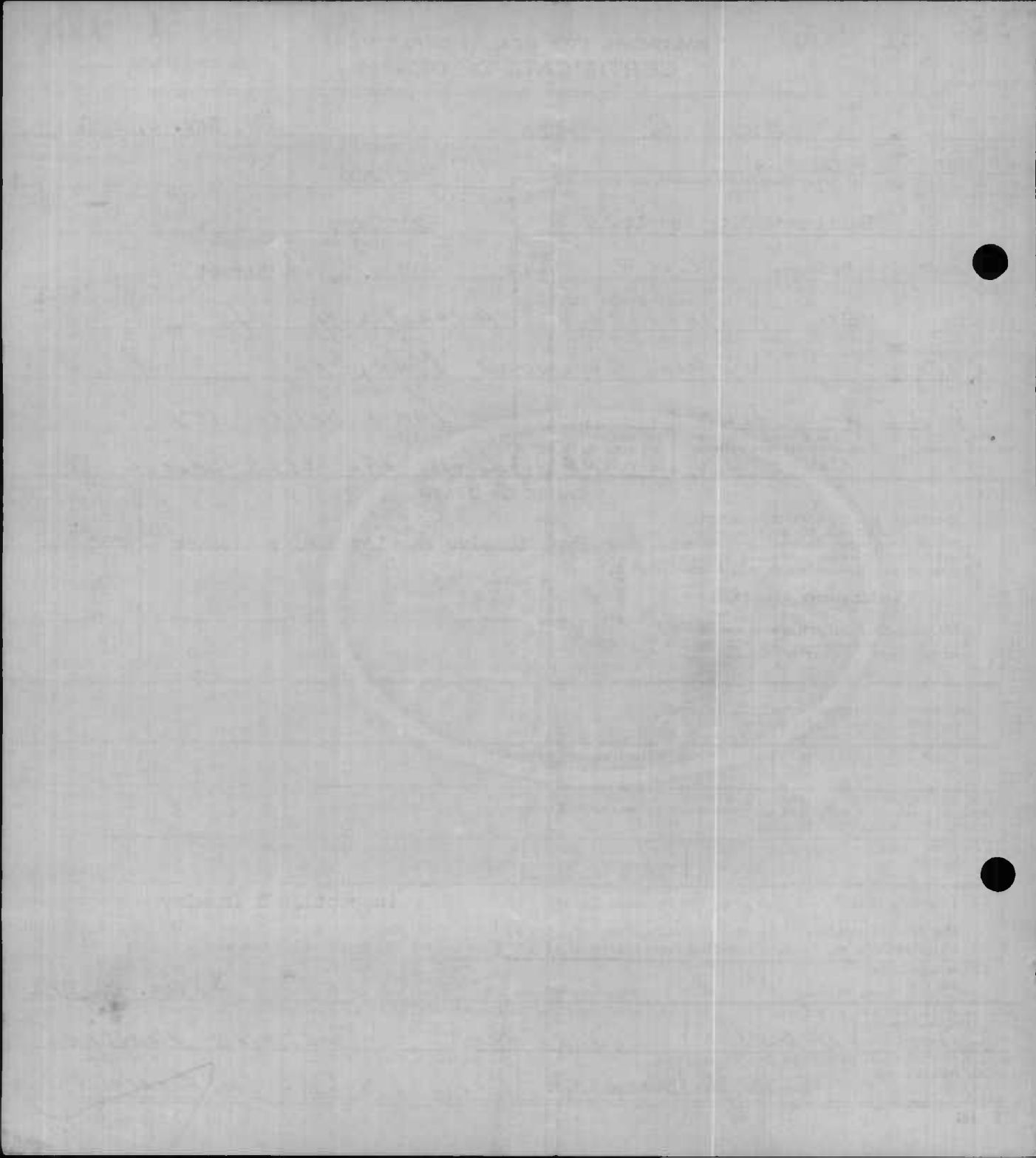
George L. Schwab 2101 Frederick Ave

VS 151

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MEDICAL CERTIFICATION



36
51 9562BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 9562

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) MARY E. ANDREWS		2. DATE OF DEATH 11/4/51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY 16-01	
B. FULL NAME OF HOSPITAL OR INSTITUTION 1125 HARLEM AVE		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE	
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) 1125 HARLEM AVE	
5. SEX F	6. COLOR OR RACE C	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH 11/16/1865
9. AGE (In years last birthday) 85		10. UNDER 1 Year Months _____ Days _____	11. UNDER 24 Hours Hours _____ Min. _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10B. KIND OF BUSINESS OR INDUSTRY DOMESTIC	
11. BIRTHPLACE (State or foreign country) CLIMAX, GA.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME ALFRED SHOATS		14. MOTHER'S MAIDEN NAME HANNAH	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO		16. SOCIAL SECURITY NO. NONE	
17. INFORMANT MARY E. JACKSON-1125 HARLEM AVE		ADDRESS 1125 HARLEM AVE	

18. 4221 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cardio Vascular Disease DUE TO (A) _____ (B) _____ (C) _____	INTERVAL BETWEEN ONSET AND DEATH 4 yrs
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION 11/8/51		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) 11/8/51 4:00 PM	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from 11/8/51 to 11/8/51 and that death occurred at 6:00 PM from the causes and on the date stated above.				
23A. SIGNATURE W. H. H. H.	23B. ADDRESS 5152 Greenway	23C. DATE SIGNED 11/6/51		
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24B. DATE 11/8/51	24C. NAME OF CEMETERY OR CREMATORY Fleatown Cemetery	24D. LOCATION (City, town, or county) (State) Climax, Ga.	
DATE RECEIVED BY LOCAL REGISTRAR NOV 7 - 1951		REGISTRAR'S SIGNATURE Wm. H. Williams, M.D.		
25. FUNERAL DIRECTOR Charles G. Coope		ADDRESS r-512 Carrollton		

Charles Coope

937

B. S. R.

THANKS

VALLEY

CALIFORNIA

51 9563

51 9563

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____		1. NAME OF DECEASED (Type or Print) <i>Charlie Moon Woo</i>		2. DATE OF DEATH <i>Nov. 6, 1951</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Virginia</i> B. COUNTY <i>V-43</i>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Richmond</i>			
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <i>229 N. 17th St.</i>			
5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>8-27-88</i>	9. AGE (In years last birthday) <i>63</i>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Laundryman</i>		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>China</i>	
13. FATHER'S NAME <i>Ning Woo</i>		14. MOTHER'S MAIDEN NAME <i>Shee Eng</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	

18. <i>4343</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Constrictive Pericarditis</i>		INTERVAL BETWEEN ONSET AND DEATH <i>6 yrs</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) _____ (C) _____		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?			

22. I hereby certify that I attended the deceased from *10/21*, 19*51*, to *11/6*, 19*51*, that I last saw the deceased alive on *11/6*, 19*51*, and that death occurred at *2:35* p. m., from the causes and on the date stated above.

23A. SIGNATURE <i>R E Wells</i>	23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	23C. DATE SIGNED <i>11-6-51</i>
------------------------------------	---	------------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE <i>11/6/51</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Oakwood Cem</i>	24D. LOCATION (City, town, or county) (State) <i>Richmond Virginia</i>
---	-----------------------------	--	---

DATE RECEIVED BY LOCAL REGISTRAR <i>NOV 7 - 1951</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR <i>William J. Tichenor, Sons</i>	ADDRESS
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100

51 9564

51 9564

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CHARLES N. Bond

2. DATE
OF
DEATH

NOV 4, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

A. STATE MARYLAND

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

620 W. NORTH AVE

c. Length of stay in Baltimore

5. SEX

MALE

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Divorced

8. DATE OF BIRTH

Aug-5-1880

9. AGE (In years last birthday)

60

11 Under 1 Year

Months: Days

12 Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Airplane

10B. KIND OF BUSINESS OR INDUSTRY

operative

11. BIRTHPLACE (State or foreign country)

England

12. CITIZEN OF

U.S.A.

13. FATHER'S NAME

THOMAS BOND

14. MOTHER'S MAIDEN NAME

UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

JOHNS HOPKINS HOSPITAL

ADDRESS

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Probable acute Myocardial Infarction

? 1 day

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/4, 1951, to 11/4, 1951, that I last saw the deceased alive on 11/4, 1951, and that death occurred at 11:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 150

Released to hospital 6703T 403-E. 25th St, Baltimore 18, Md. 94a

MEDICAL CERTIFICATION

McCurt Suddler

130-02 Little Rock

Richmond Hill N.Y.

Pa-State -

500
51 9565BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 9565

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CHARLIE HOM

2. DATE
OF
DEATH

Nov. 5, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland *Green & Redwood*B. FULL NAME OF
HOSPITAL OR
INSTITUTION *Miner's Hospital*

C. Length of stay in Baltimore

*abt. 35*Yrs.
Moes
Days

5. SEX

Male

6. COLOR OR RACE

*Yellow*7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)*Single*10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)*Restaurant*10B. KIND OF BUSINESS OR
INDUSTRY*Food*

13. FATHER'S NAME

*not known*15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)*no*16. SOCIAL
SECURITY NO.*- 16 -*

17. INFORMANT

ADDRESS

HOM HOM - 107 W. Fayette St.

18.

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Coronary Artery Accident

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH*2 days*

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Hypertensive Cardiovascular Disease

DUE TO

4 months

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *11/3*, 19*51*, to *11/5*, 19*51*, that I last saw the
deceased alive on *11/5*, 19*51*, and that death occurred at *11:58* P.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

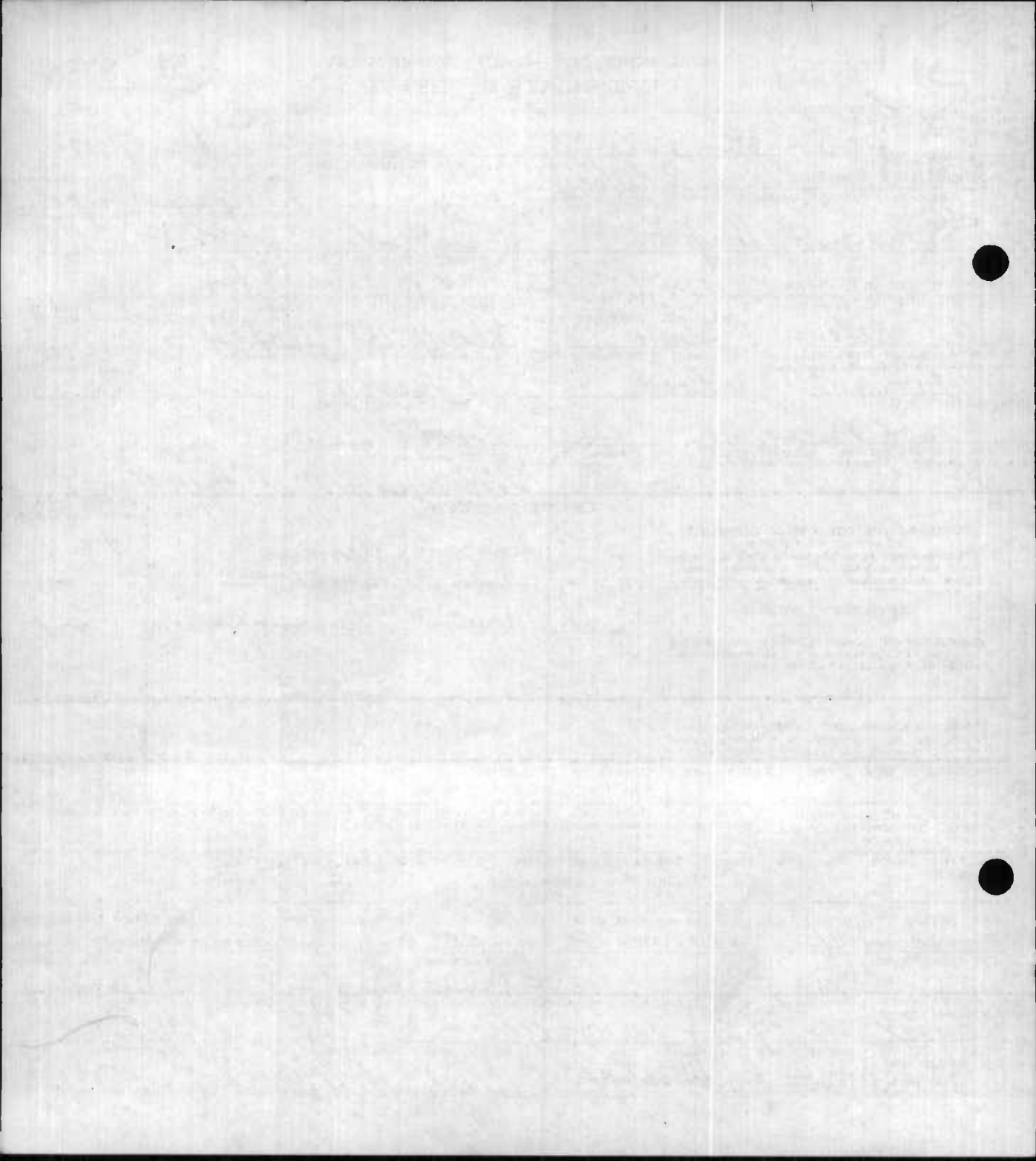
DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

*NOV 7 - 1951**Wm. Williams, M.D.**Stewart Morris, Balto.*



33 51 9566

Fertitta

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51 9566

Registered No. _____

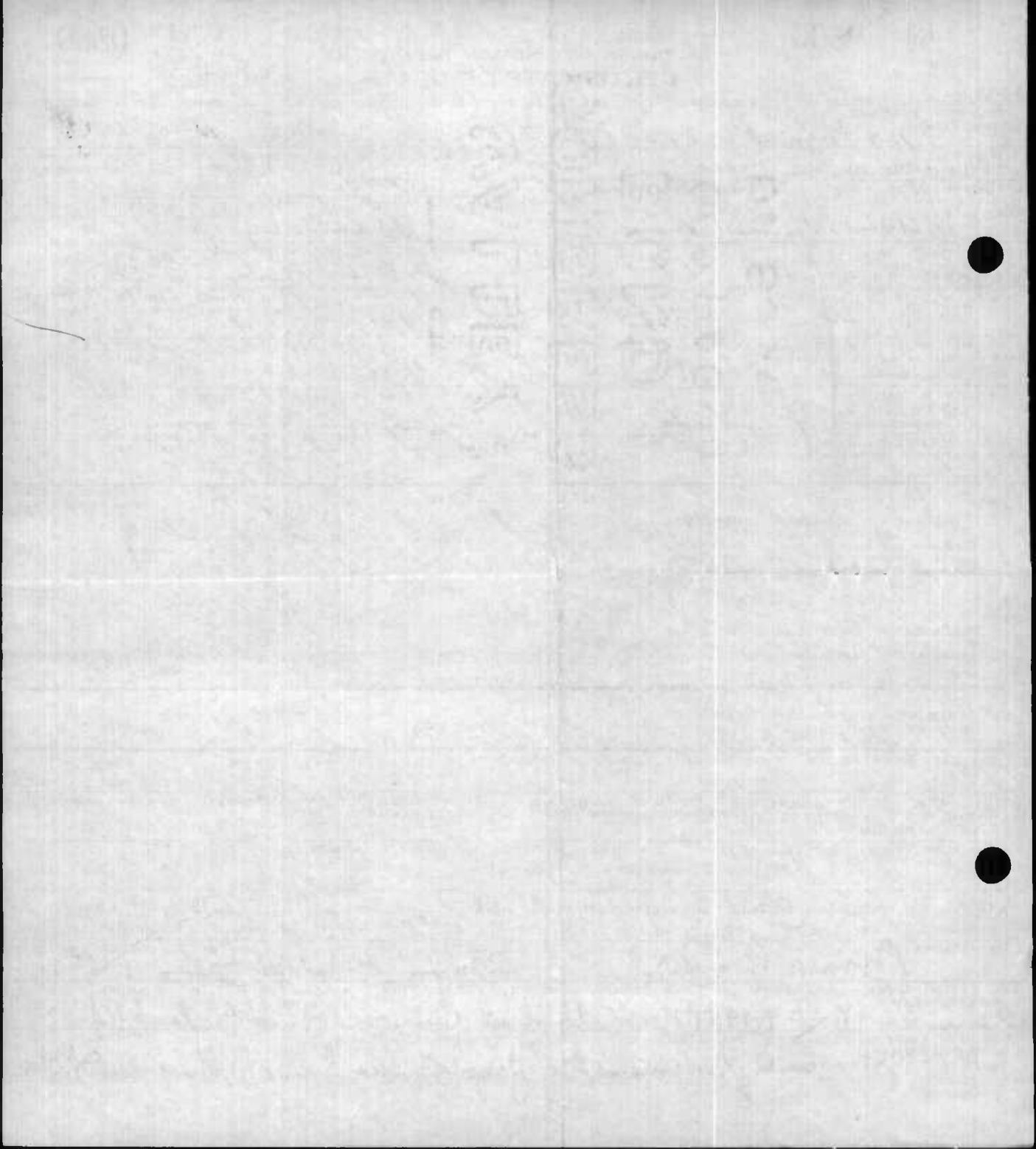
BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) <i>Andrew Pietro Fertitta</i>			2. DATE OF DEATH <i>11-5-51</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY _____		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE <i>Union Memorial Hosp.</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 17-01</i>		
C. Length of stay in Baltimore <i>49</i> Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <i>518 W. Mulberry St.</i>		
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>M</i>	8. DATE OF BIRTH <i>Nov. 6, 1901</i>		9. AGE (In years last birthday) <i>49</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>none</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>?</i>	11. BIRTHPLACE (State or foreign country) <i>Md.</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>
13. FATHER'S NAME <i>Rosario Fertitta</i>			14. MOTHER'S MAIDEN NAME <i>Josephine Camire</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>unknown</i>		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <input checked="" type="checkbox"/>		

18. <i>415X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH (A) <i>Rheumatic Cardiovascular disease</i> DUE TO (B) _____ DUE TO (C) _____ INTERVAL BETWEEN ONSET AND DEATH <i>?</i>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONITION CAUSING IT.	

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>9-19-51</i> 19____, to <i>11-5-51</i> 19____, that I last saw the deceased alive on <i>11-5-51</i> 19____ and that death occurred at <i>8:45</i> p.m. from the causes and on the date stated above.					
23A. SIGNATURE <i>James A. Ford</i> M. D.		23B. ADDRESS <i>Union Memorial Hosp.</i>		23C. DATE SIGNED <i>11-5-51</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Nov 9-1951</i>		24C. NAME OF CEMETERY OR CREMATORY <i>New Cathedral Cem</i>	
24D. LOCATION (City, town, or county) <i>4300 Old Frederick Rd</i>		24E. (State) _____		25. FUNERAL DIRECTOR ADDRESS <i>Joseph Farace Inc 2013 Greenmount Ave</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>NOV 7-1951</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, Jr</i>		25. FUNERAL DIRECTOR ADDRESS <i>Joseph Farace Inc 2013 Greenmount Ave</i>	

MEDICAL CERTIFICATION



51 9567

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 9567

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Rev- ARTHUR

BIBBS

2. DATE
OF
DEATH

Nov. 5, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Maryland

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

University Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

18-01

D. STREET ADDRESS (If rural, give location)

306 N. Poppleton Street

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

11/2/1865

9. AGE (in years
last birthday)

66

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Rev. Capt. Bibbs, Texas

14. MOTHER'S MAIDEN NAME

Pearl Ann Hale Va

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

Lucy Bibbs 406 N. Poppleton St

18. 443X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Hypertensive and arteriosclerotic
cardiovascular disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Flanery H. Dineen

23B. CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
MEDICAL INVESTIGATOR ☐23C. DATE SIGNED
Nov. 5, 195124A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

11/8/51

24C. NAME OF CEMETERY OR CREMATORY

McGowan Cem Baltimore MD

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, MD

25. FUNERAL DIRECTOR

ADDRESS

William J. Jackson, P.O. Box 937

CERTIFICATE OF DEATH

11/2/58

Place of Birth
Age at Death
Cause of Death

11/2/58
Place of Birth
Age at Death
Cause of Death

51 9568

51 9568

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

ANNA ROBERTA WADE

2. DATE
OF
DEATH

11/6/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)

JENKINS MEMORIAL HOSPITAL

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

C. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years,
last birthday)10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR
INDUSTRY

13. FATHER'S NAME

Henry D. Wade

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

14. MOTHER'S MAIDEN NAME

Anna Maria Davis

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Hosp Record

18. 4701 I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

GONCEPTED ARTERIOSCLEROSIS

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT
WORK ☐ NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from 7/1, 1951, to 11/6, 1951, that I last saw the
deceased alive on 11/6, 1951, and that death occurred at 3:00 PM, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 7 - 1951

Huntington Williams, M.D.

H. J. Smith, 4905 York Rd.

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL RECORDS
OFFICE OF THE REGISTRAR
ALBANY, N. Y.

Form No. 1

NAME OF DECEASED

DATE OF BIRTH

DATE OF DEATH

PLACE OF BIRTH

PLACE OF DEATH

CAUSE OF DEATH

SEX

AGE

EDUCATION

OCCUPATION

RELIGION

ETHNIC ORIGIN

DATE OF MARRIAGE

NAME OF SPOUSE

DATE OF DIVORCE

NAME OF PREVIOUS SPOUSE

DATE OF PREVIOUS MARRIAGE

NAME OF PREVIOUS SPOUSE

DATE OF PREVIOUS DIVORCE

NAME OF PREVIOUS SPOUSE

DATE OF PREVIOUS MARRIAGE

NAME OF PREVIOUS SPOUSE

DATE OF PREVIOUS DIVORCE

NAME OF PREVIOUS SPOUSE

DATE OF PREVIOUS MARRIAGE

NAME OF PREVIOUS SPOUSE

DATE OF PREVIOUS DIVORCE

NAME OF PREVIOUS SPOUSE

DATE OF PREVIOUS MARRIAGE

51 9569
623

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 9569
Registered No.

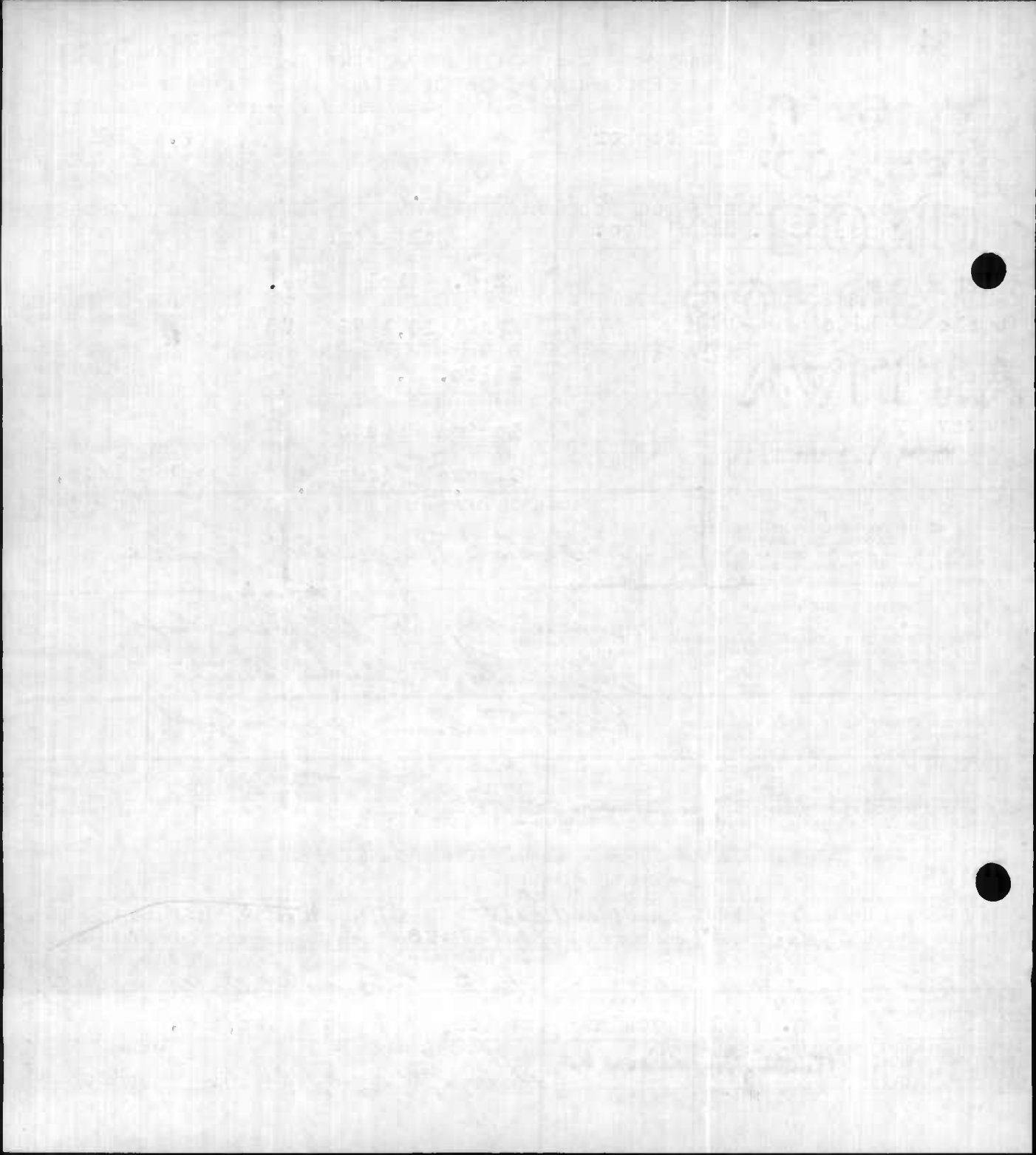
BIRTH NO.		1. NAME OF DECEASED (Type or Print) Kate Christopher		2. DATE OF DEATH Nov. 5/51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Md. B. COUNTY Baltimore			
B. FULL NAME OF HOSPITAL OR INSTITUTION General German Aged Peoples Home, 22 S. Athol Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 28-04			
C. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 22 S. Athol Ave.			
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH April 14, 1876	9. AGE (In years last birthday) 75	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Balto. Md.	
13. FATHER'S NAME Gustav Ey		14. MOTHER'S MAIDEN NAME Louisa Krauss			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.		17. INFORMANT General German Aged Peoples Home,	
18. 4221 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Cardio-Respiratory failure DUE TO (B) Secondary to Myocardial DUE TO (C) Arteriosclerosis, generalized.		INTERVAL BETWEEN ONSET AND DEATH			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1 Sept , 19 51 , to Nov. 5 , 19 51 , that I last saw the deceased alive on 5 Nov , 19 51 , and that death occurred at 2:25 P. m. , from the causes and on the date stated above.					
23A. SIGNATURE William J. Burns M.D.		23B. ADDRESS 4602 Edmondson Ave. (6 Nov 51)		23C. DATE SIGNED	
24A. BURIAL, CREMATION, REMOVAL (Specify) burial		24B. DATE Nov. 7/51		24C. NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery	
24D. LOCATION (City, town, or county) Woodlawn, Md.		24E. FUNERAL DIRECTOR Harry H. Witzke		24F. ADDRESS 4101 Edmondson Av	

MEDICAL CERTIFICATION

DATE RECEIVED BY LOCAL REGISTRAR
NOV 7 - 1951

REGISTRAR'S SIGNATURE
Thurston Williams, M.D.

25. FUNERAL DIRECTOR
Harry H. Witzke



51 9570

51 9570

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Isaac Roberts

2. DATE
OF
DEATH

Nov. 6, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland May 2

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Georgia

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Fowler

D. STREET ADDRESS (If rural, give location)

3 Collins St

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

10-7-87

9. AGE (In years
last birthday)

64

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

train-man

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Fla

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Frank Roberts

14. MOTHER'S MAIDEN NAME

Idella Morgan

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

205-03-8466

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 4221 I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Arteriosclerotic cardio-vascular disease with cardiac failure

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT

HOT WHILE

m.

WORK ☐AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/1/51 to 11/6/51, that I last saw the
deceased alive on 11/6/51, and that death occurred at 11:45 A. M., from the causes and on the date stated above.

23A. SIGNATURE

Anne B. McKinnick

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

24A. BURIAL CRE-
MATION REMOVAL (Specify)

24B. DATE

11/7/51

24C. NAME OF CEMETERY OR CREMATORY

Newton Hill Cemetery, Dozier, Georgia

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

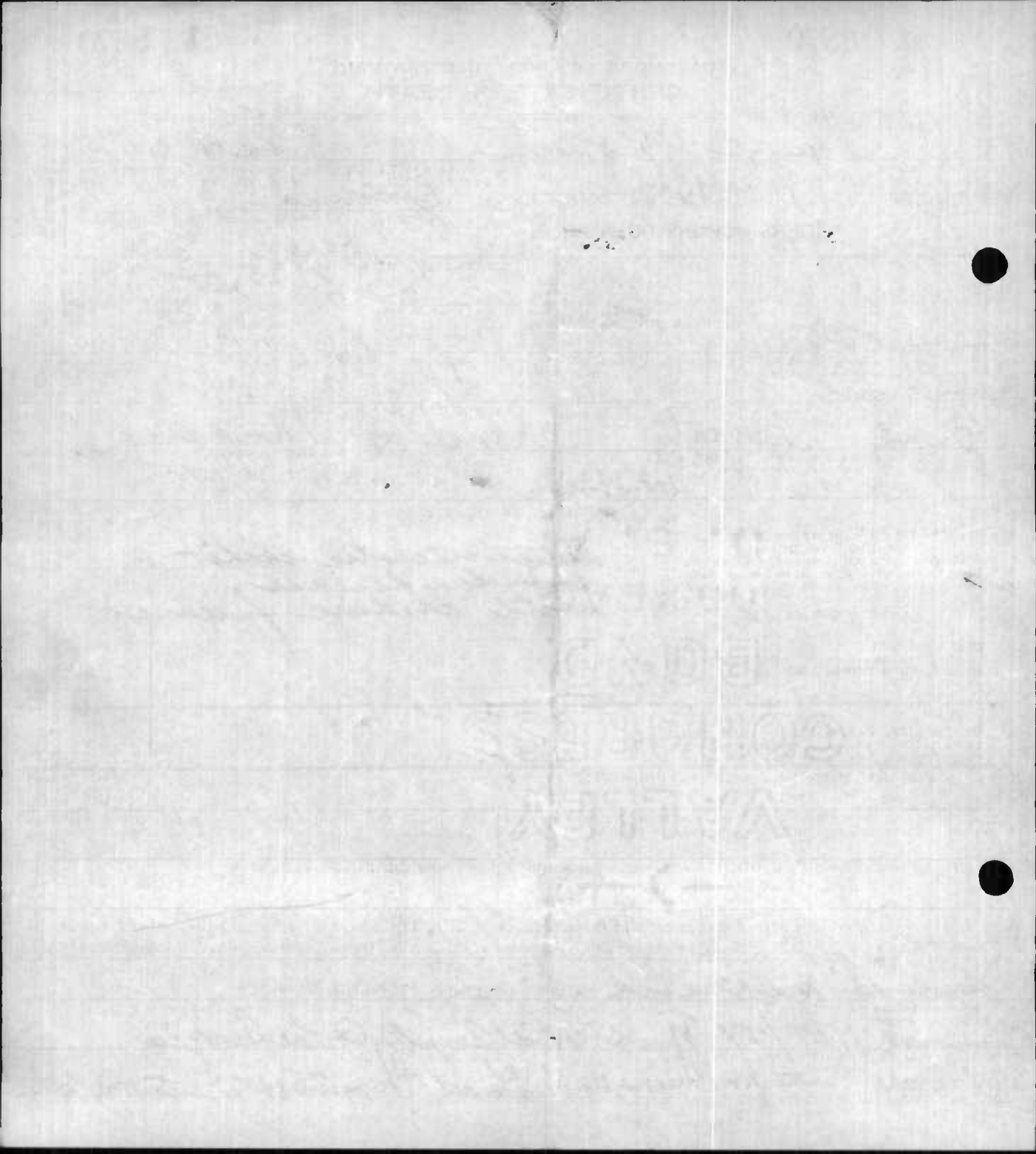
T. Williams, Jr.

25. FUNERAL DIRECTOR

David R. Martin 1902 E. Main place

ADDRESS

NOV 7 - 1951



51 9571

51 9571

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Anna E. Kroney

2. DATE
OF
DEATH

Nov. 5/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE
Md.

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

806 Unetta Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

25-41

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

806 Unetta Ave.

5. SEX
Female6. COLOR OR RACE
White7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Widow

8. DATE OF BIRTH

Dec. 16, 1858

9. AGE (In years
last birthday)

92

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Louise Heinzenberger, 806 Unetta Ave.

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Arteriosclerosis

DUE TO

cardio-vascular disease

ANTECEDENT CAUSES

(B)

None

DUE TO

(C)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

None

INTERVAL BETWEEN
ONSET AND DEATH

2 yrs

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 1, 1951, to Nov 5, 1951, that I last saw the deceased alive on 11/5, 1951, and that death occurred at 4 P. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

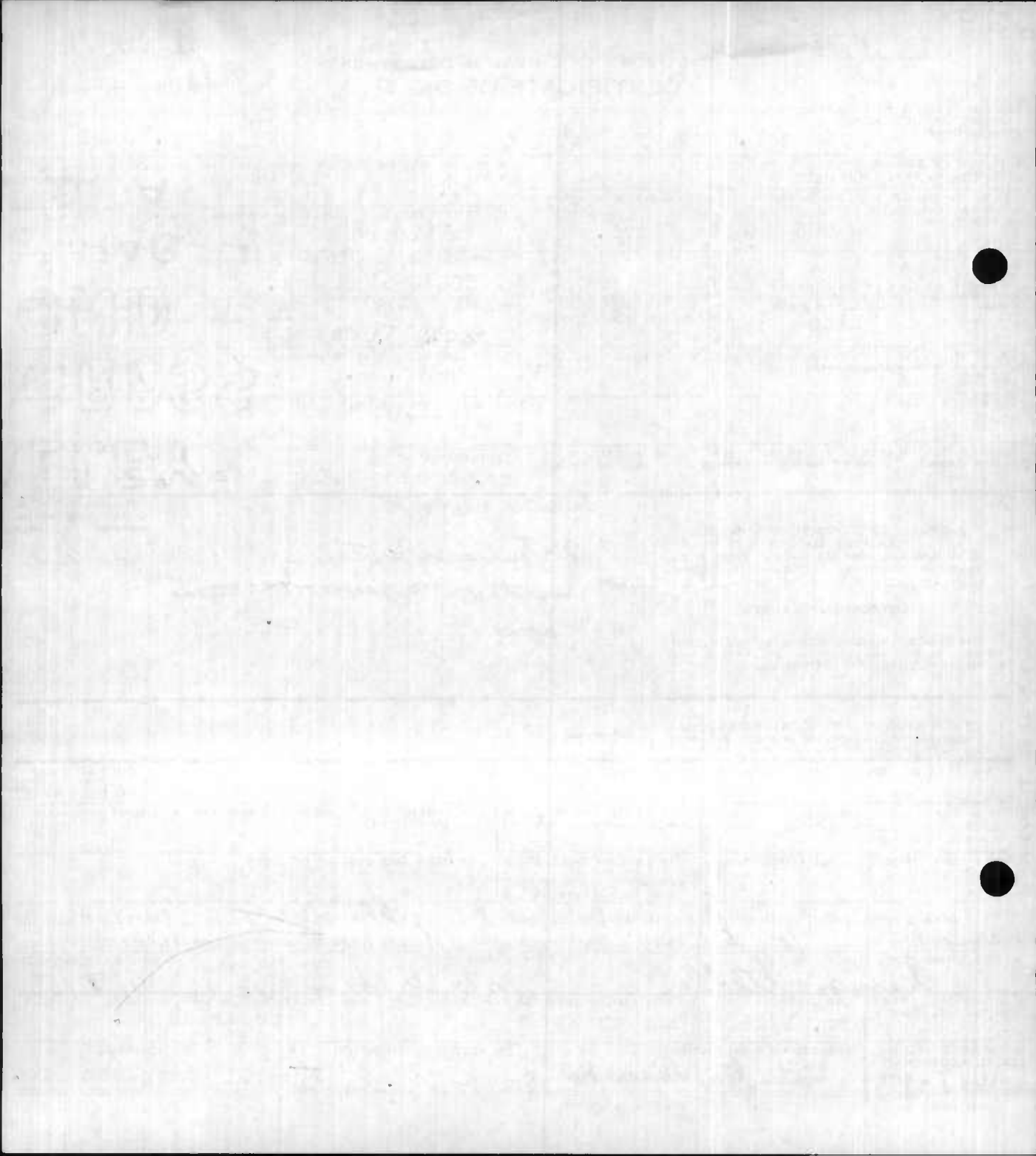
ADDRESS

NOV 7 - 1951

Lester Williams, M.D.

Harry H. Hutzler

4101 Edmondson Ave.



51 9572

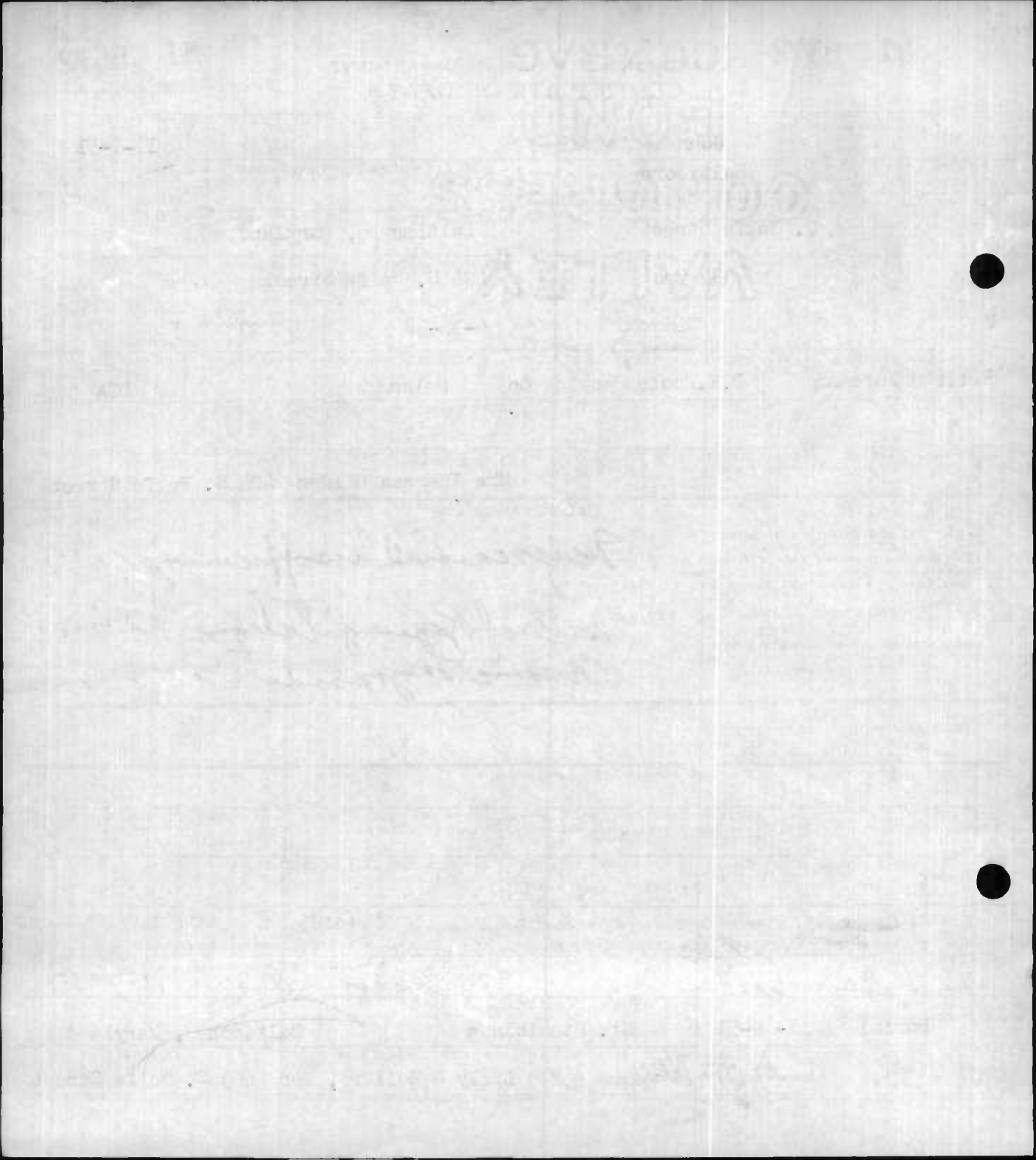
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 9572
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) John Kantorski		2. DATE OF DEATH 11-5-51	
3. PLACE OF DEATH: a. Baltimore City, Maryland Baltimore		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Md b. COUNTY 2-02	
b. FULL NAME OF HOSPITAL OR INSTITUTION 404 S. Wolfe Street		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore, Maryland	
c. Length of stay in Baltimore 54 yrs		d. STREET ADDRESS (If rural, give location) 404 S. Wolfe Street	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 6-18-50
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Foreman		10b. KIND OF BUSINESS OR INDUSTRY D.E. Foote Packing Co	9. AGE (In years last birthday) 55
11. BIRTHPLACE (State or foreign country) Poland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME ?		14. MOTHER'S MAIDEN NAME ?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Mrs Theresa Gilden		ADDRESS 404 S. Wolfe Street	

18. 4210 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Myocardial Insufficiency DUE TO (B) Mitral Regurgitation DUE TO (C) Chronic Myocarditis		INTERVAL BETWEEN ONSET AND DEATH 3 days 2 yrs 6 yrs
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from June 1, 1951, to Nov. 5, 1951, that I last saw the deceased alive on Nov. 5, 1951, and that death occurred at m., from the causes and on the date stated above.					
23A. SIGNATURE John K. Sogorichski		23B. ADDRESS 1802 Eastern Ave		23C. DATE SIGNED 11-7-51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 11-9-51		24C. NAME OF CEMETERY OR CREMATORY St. Stanislaus	
24D. LOCATION (City, town, or county) (State) Baltimore, Maryland		24E. NAME OF CEMETERY OR CREMATORY St. Stanislaus		24F. LOCATION (City, town, or county) (State) Baltimore, Maryland	
DATE RECEIVED BY LOCAL REGISTRAR NOV 7 - 1951		REGISTRAR'S SIGNATURE Huntington Williams, Md		25. FUNERAL DIRECTOR Lilly & Zeiler, Inc	
25. FUNERAL DIRECTOR Lilly & Zeiler, Inc		ADDRESS 403 S. Wolfe Street			



51 9573

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 9573
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Krampe, Dora Margaret

2. DATE
OF
DEATH

11-5-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

FRANKLIN SQUARE HOSP

C. Length of stay in Baltimore

72

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

At Home

13. FATHER'S NAME

Paul Bock

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

Md

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give
township)

BALTIMORE 25-43

D. STREET ADDRESS (If rural, give location)

1926 GRIFFITHS AVE

8. DATE OF BIRTH

3-3-1879

9. AGE (In years;
last birthday)

72

10 Under 1 Year
Months: Days

8 2

11 Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Md - Balto

12. CITIZEN OF
WHAT COUNTRY?

USA

14. MOTHER'S MAIDEN NAME

Unknown Henrietta Scheidt

17. INFORMANT

Katherine P. Brown

ADDRESS

1926 Griffiths Ave

18. 550.1 and 260X

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, ashenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A) Pulmonary Embolism Rt.

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

Minutes

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(B) Cardiac Decompensation

(C) Surgical Trauma; Toxemia; sepsis

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Diabetes Mellitus; gen. Peritonitis

6 days

19A. DATE OF OPERATION

11-3-51

19B. MAJOR FINDINGS OF OPERATION

acute appendicitis, rupture, peritonitis

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-2, 1951, to 11-5, 1951, that I last saw the
deceased alive on 11-5, 1951, and that death occurred at 6:26 m., from the causes and on the date stated above.

23A. SIGNATURE

Mindelorm

23B. ADDRESS

M. D. Franklin Square Hosp

23C. DATE SIGNED

11-5-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

Nov 8-1951

24C. NAME OF CEMETERY OR CREMATORY

London Park

24D. LOCATION (City, town, or county)

Balto - Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

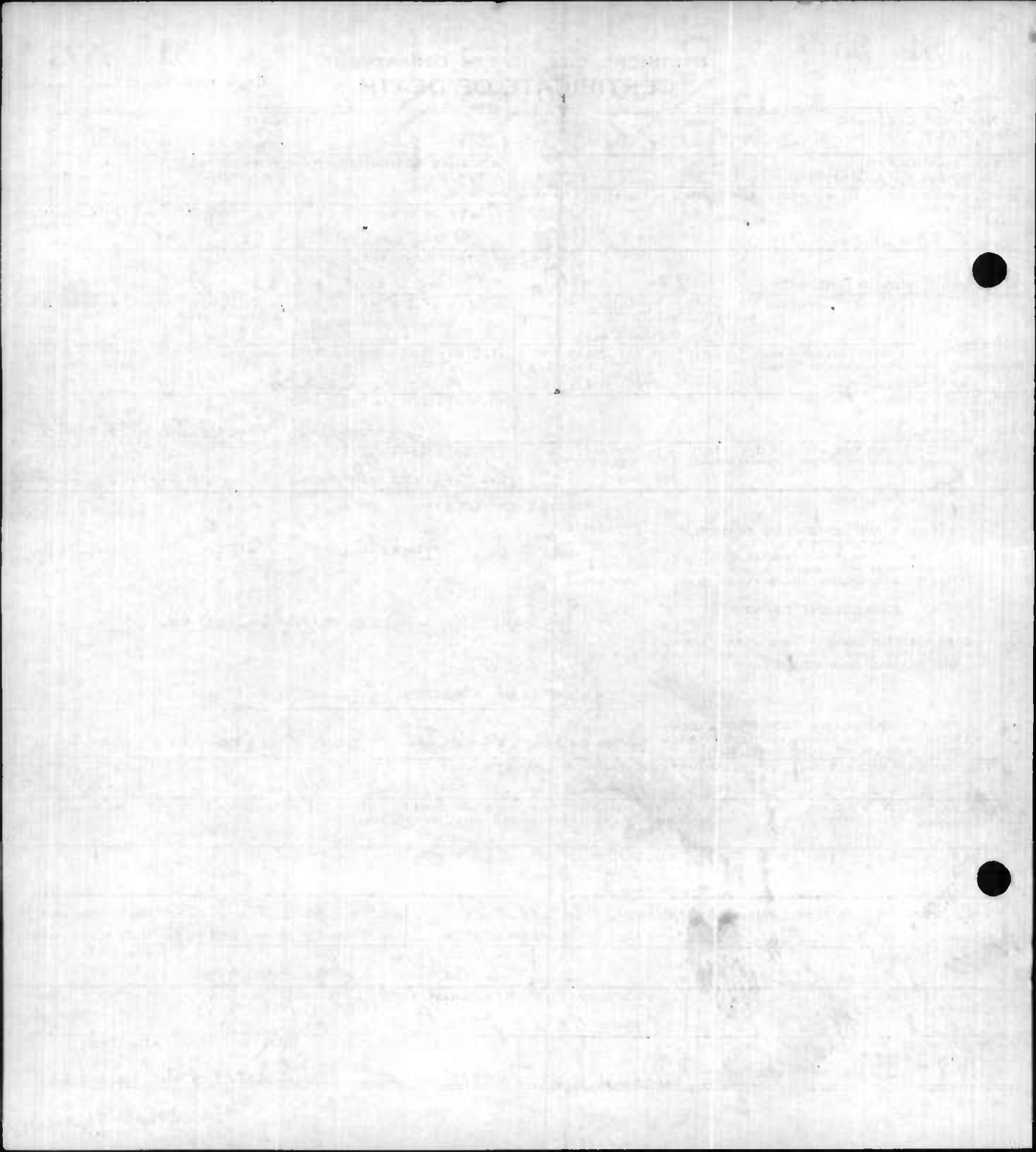
25. FUNERAL DIRECTOR

Mrs. Mrs. John H. Gough

ADDRESS

5311

MEDICAL CERTIFICATION



35 51 9574

51 9574

BALTIMORE CITY HEALTH DEPARTMENT
 CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____			1. NAME OF DECEASED (Type or Print) JOHN HENRY HOLDEN			2. DATE OF DEATH November 6, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY _____					
B. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 16-06					
C. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) 905 Dukeland Street					
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH July 23-1930	9. AGE (In years last birthday) 21	If Under 1 Year Months: _____ Days: _____			If Under 24 Hours Hours: _____ Min: _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, or as if retired) GROCERY CLERK			10B. KIND OF BUSINESS OR INDUSTRY A.P. STORES			11. BIRTHPLACE (State or foreign country) Baltimore Md		
12. CITIZEN OF WHAT COUNTRY? _____			13. FATHER'S NAME ALDEN L. HOLDEN Sr			14. MOTHER'S MAIDEN NAME GULA MILBURN		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. 713-76-7099			17. INFORMANT ADDRESS ALDEN L. HOLDEN 905 N. DUKE LAND ST		

18. E976 X1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Gunshot wound of the head (A) _____ DUE TO _____		INTERVAL BETWEEN ONSET AND DEATH _____
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) _____ DUE TO _____ (C) _____		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. _____		

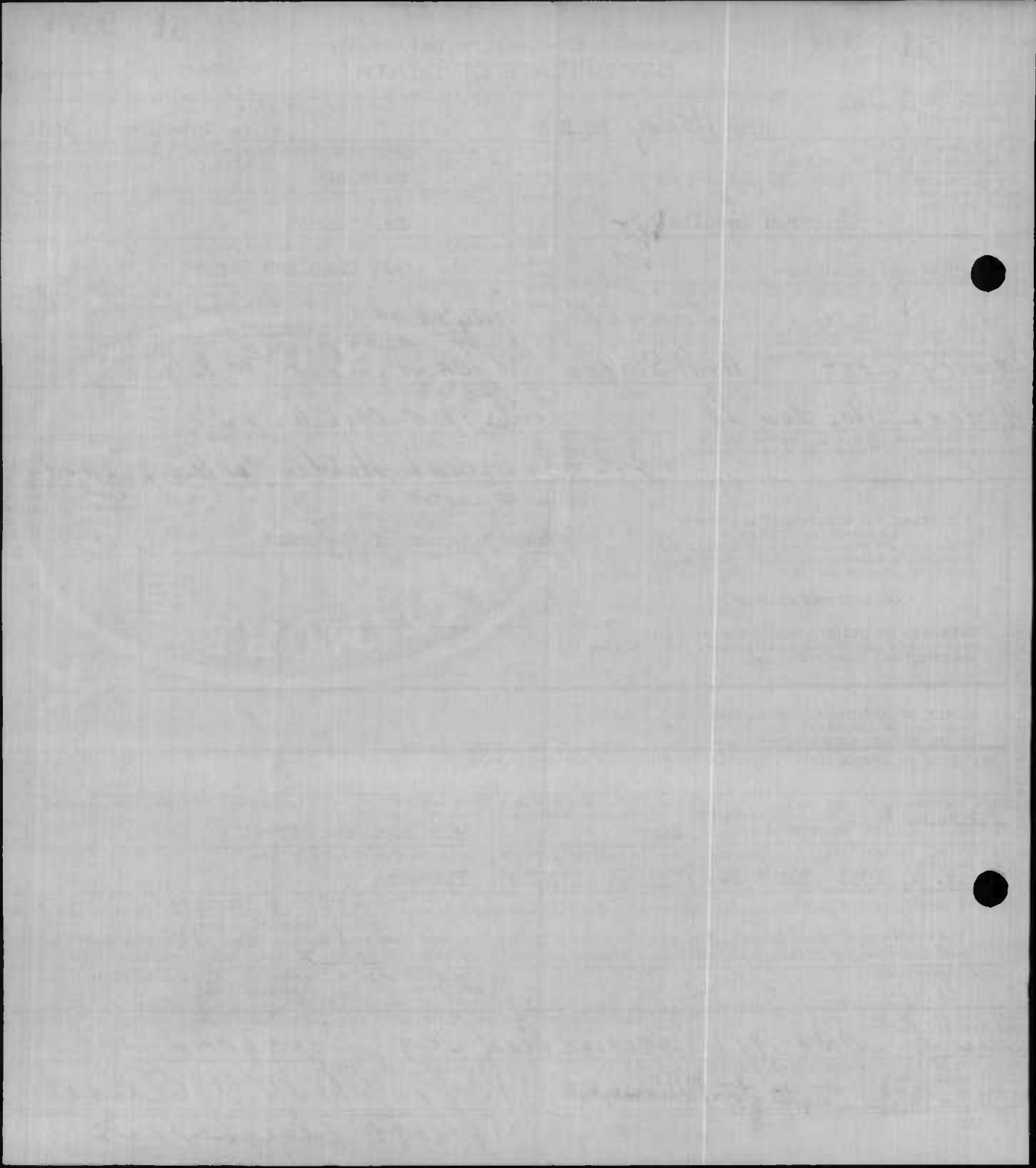
19A. DATE OF OPERATION Nov 6, 1951		19B. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 905 Dukeland Street			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY Nov. 6, 1951 10:05 A. m.	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? Firearms			

I certify that I took charge of the remains described above, held an **Inspection & Inquiry** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.

23A. SIGNATURE William Williams		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED Nov. 6, 1951	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Nov 9-1951	24C. NAME OF CEMETERY OR CREMATORY ROTHAINE PARK CEM	24D. LOCATION (City, town, or county) (State) WOODLAND MD		
DATE RECEIVED BY LOCAL REGISTRAR NOV 7-1951	REGISTRAR'S SIGNATURE William Williams	25. FUNERAL DIRECTOR JOHN C. B. M. WALTERS		ADDRESS 164c	

V S 151
 N-8534
 3906C
 164c

MEDICAL CERTIFICATION



353
51 9575BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 9575
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) ELIZABETH (LIZZIE) WEITENTON		2. DATE OF DEATH 11/10/51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE md B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) 345 Robert St		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto.	
D. STREET ADDRESS (If rural, give location) 345 Robert St		E. Length of stay in Baltimore Life	
5. SEX F	6. COLOR OR RACE C	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) W	8. DATE OF BIRTH 9/11/1873
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) H. Wife		10B. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME James H. Lang		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT		ADDRESS	

18. Heart DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CARDIO VASCULAR DISEASE DUE TO	INTERVAL BETWEEN ONSET AND DEATH 3 yrs
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. CEREBRAL HEMORRHAGE DUE TO	3 DAYS

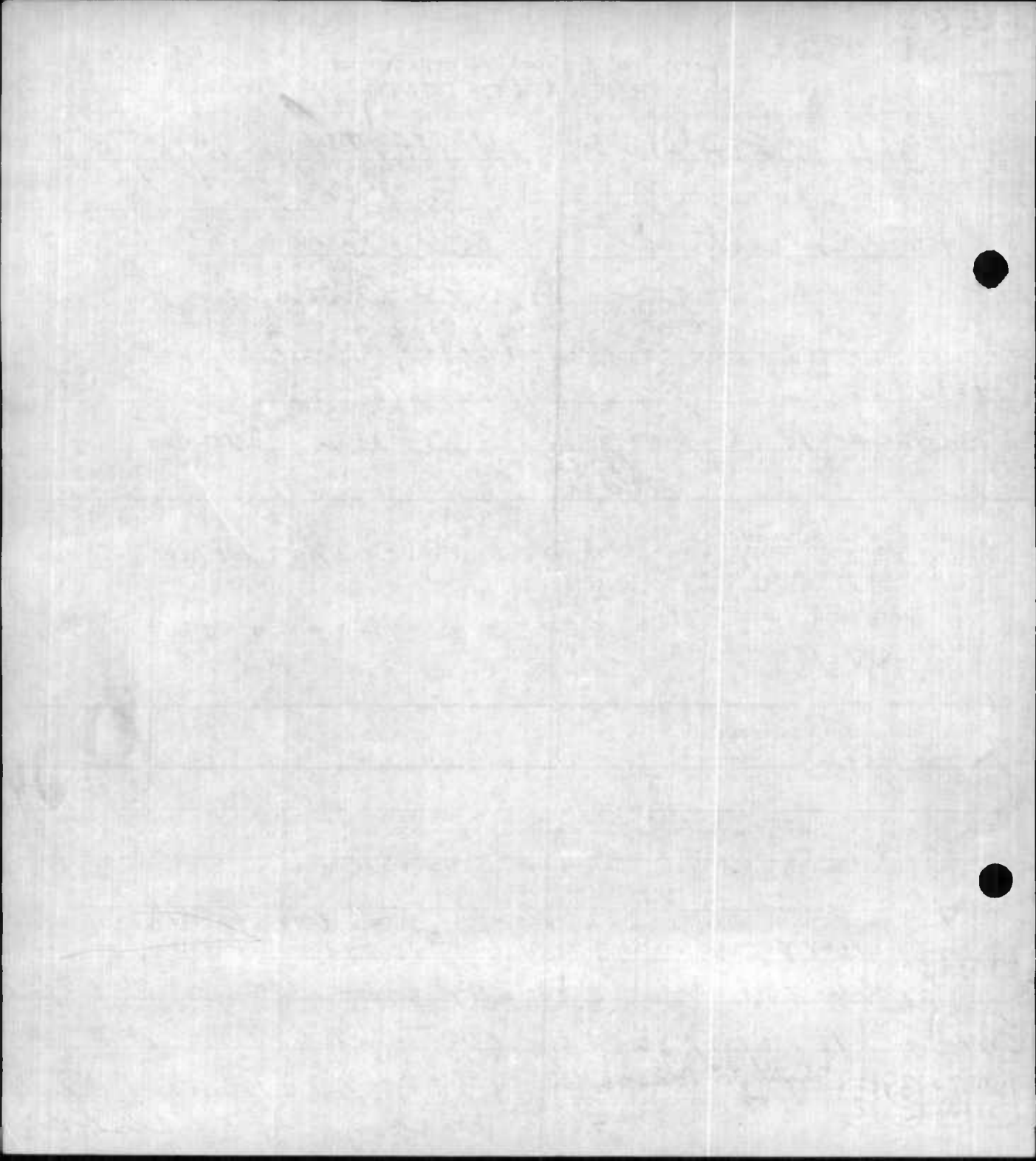
II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 0	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Nov 1**, 1950, to **Nov. 5**, 1951, that I last saw the deceased alive on **Nov 5**, 1951, and that death occurred at **10:55** A.M., from the causes and on the date stated above.

23A. SIGNATURE E. William Frey	23B. ADDRESS 1928 Penna Ave	23C. DATE SIGNED 11/7/51
--	---------------------------------------	------------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 11/9/51	24C. NAME OF CEMETERY OR CREMATORY Nat. Balto.	24D. LOCATION (City, town, or county) (State) Balto. md
DATE RECEIVED BY LOCAL REGISTRAR NOV 7 - 1951	REGISTRAR'S SIGNATURE William Williams, M.D.	25. FUNERAL DIRECTOR 1303 Chestnutman St George H. Nelson	



51 9576

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

51 9576

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

LOUIS BECK (LOUIS BECK, JR.)

2. DATE
OF
DEATH

Nov. 6, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

BALTIMORE

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Maryland

B. COUNTY

6-03

before admission)

5. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR
INSTITUTION

2103 E. Jefferson Street

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

2103 E. Jefferson Street

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Oct. 4, 1884

9. AGE (In years
last birthday)

67

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Baker

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Louis Beck, Sr.

14. MOTHER'S MAIDEN NAME

Elizabeth Metner

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

216-03-2838

17. INFORMANT ADDRESS
2103 E. Jefferson Street
Mrs Agnes Beck

18. 420.0 I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Arterio-sclerotic Heart Dis.

1949

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1937, to 11/6/51, 19__, that I last saw the
deceased alive on 11/5/51, 19__, and that death occurred at 2:47 m., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

4331 Harford Rd.

23C. DATE SIGNED

11/6/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

burial

11/8/51

Baltimore Cemetery

Baltimore, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 7 - 1951

Huntington Williams, M.D.

HENRY SANDER & SONS, INC.
BALTO., 13, MD.

VS 150

500 44 504

937

MEDICAL CERTIFICATION

24
1783

300.00

602-604
Anna R. Clark

Mr. Butler,

☒ ☐ ☐ ☐
☐ ☐ ☐ ☐

[Faint handwritten signature]

520
1 9577

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 9577
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) PURNELL F. JONES		2. DATE OF DEATH 11/6/51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION 1001 W Lafayette Ave		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
C. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 1001 W. Lafayette Ave			
5. SEX Male	6. COLOR OR RACE Col	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 11/2/1907	9. AGE (in years last birthday) 44	10. Under 1 Year Months: Days 11 Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Janitor		10B. KIND OF BUSINESS OR INDUSTRY Industrial		11. BIRTHPLACE (State or foreign country) Lansdowne Md.	
12. CITIZEN OF WHAT COUNTRY? USA.		13. FATHER'S NAME Un Known		14. MOTHER'S MAIDEN NAME Morris	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) yes		16. SOCIAL SECURITY NO. 215-09-1314		17. INFORMANT Dorothy Jones	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Cerebral Hemorrhage		19. CAUSE OF DEATH (A) Cerebral Hemorrhage DUE TO (B) Hypertensive Cardiac DUE TO (C) Vascular Renal Disease		INTERVAL BETWEEN ONSET AND DEATH 11-6-51	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 10-18 , 19 51 , to 11-6 , 19 51 , that I last saw the deceased alive on 11-6 , 19 51 , and that death occurred at 3:30 p.m., from the causes and on the date stated above.					
23A. SIGNATURE William Williams		23B. ADDRESS 803 W. Fremont St.		23C. DATE SIGNED 11-7-51	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE 11/9/51		24C. NAME OF CEMETERY OR CREMATORY Baltimore National	
24D. LOCATION (City, town, or county) (State) Baltimore, Md.		24E. DATE RECEIVED BY LOCAL REGISTRAR NOV 7 - 1951		24F. REGISTRAR'S SIGNATURE William Williams	
24G. DATE RECEIVED BY LOCAL REGISTRAR NOV 7 - 1951		24H. REGISTRAR'S SIGNATURE William Williams		24I. FUNERAL DIRECTOR Eugene Waters	
24J. ADDRESS 661 W. Barre St.		24K. VS 150		24L. 77074	

131a

640
1 9578

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

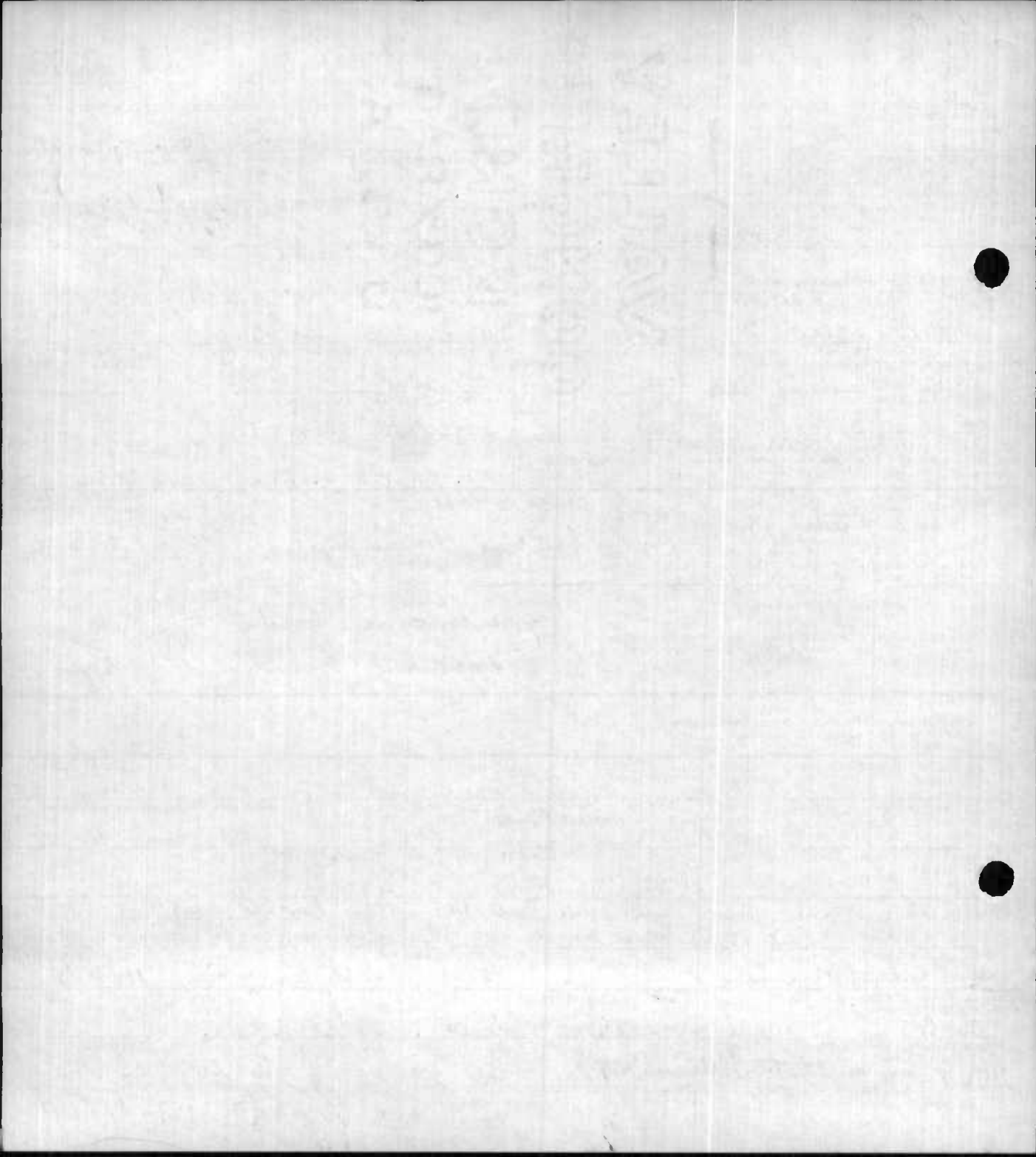
Registered No. 51 9578

BIRTH NO.		1. NAME OF DECEASED (Type or Print) MATTIE S. KRIEL		2. DATE OF DEATH Nov. 6, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY			
8. FULL NAME OF HOSPITAL OR INSTITUTION 2803 Garrison Blvd.		C. CITY OR TOWN (If outside corporate limits, with full name and give township) Baltimore			
C. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 4403 Maine Ave.			
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH May 8, 1883	9. AGE (In years last birthday) 68	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY at Home	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME William DeVese		14. MOTHER'S MAIDEN NAME Elizabeth Gerhardt			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) -		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Mr. Andrew G. Kriel-4403 Maine Ave.	

MEDICAL CERTIFICATION

18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 9 months
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Hypertensive Cardio - Vascular Disease		5 yrs
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Feb. 12 , 1951, to Nov. 6 , 1951, that I last saw the deceased alive on Nov. 5 , 1951, and that death occurred at 8 A. m., from the causes and on the date stated above.					
23A. SIGNATURE Paul L. Chambers		23B. ADDRESS 4108 Liberty Hts. C.		23C. DATE SIGNED 11/6/51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 11/8/51		24C. NAME OF CEMETERY OR CREMATORY Loudon Park Cem.	
24D. LOCATION (City, town, or county) (State) Balto., Md.		25. FUNERAL DIRECTOR ADDRESS Don J. Dickner & Sons 935 Balto 17, Md.			
DATE RECEIVED BY LOCAL REGISTRAR NOV 7 - 1951		REGISTRAR'S SIGNATURE W. J. Williams, M.D.			



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **51 9579**

BIRTH NO. 235 9579		1. NAME OF DECEASED (Type or Print) JOSEPH H. MC DONALD		2. DATE OF DEATH November 6, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION Union Memorial Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
D. STREET ADDRESS (If rural, give location) 2406 St. Paul Street		E. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days			
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Mar. 12, 1908	9. AGE (in years last birthday) 43	10. UNDER 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Supervisor-Shipping		10B. KIND OF BUSINESS OR INDUSTRY Camp Holabird		11. BIRTHPLACE (State or foreign country) Washington, D. C.	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME Howard McDonald		14. MOTHER'S MAIDEN NAME Mary Pyne	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Mrs. Nellie McDonald-2406 St. Paul	

18. E976 x 1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Gunshot wound of head (A) DUE TO		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES (B) DUE TO		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIB-UTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Garage	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Garage in rear of 2328 Calvert Street
21D. TIME (Month) (Day) (Year) OF INJURY November 6, 1951	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? Firearms

22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.

23A. SIGNATURE <i>William H. ...</i>	23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>	23C. DATE SIGNED Nov. 6, 1951
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24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 11/8/51	24C. NAME OF CEMETERY OR CREMATORY Balto. National Cem.	24D. LOCATION (City, town, or county) (State) Balto., Md.
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DATE RECEIVED BY LOCAL REGISTRAR NOV 7 - 1951	REGISTRAR'S SIGNATURE <i>William H. ...</i>	25. FUNERAL DIRECTOR <i>St. M. J. ...</i>	ADDRESS <i>1642 Balto. 17, Md.</i>
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VS 151 **N-8534** **29091**

MEDICAL CERTIFICATION

Blm of St. Louis
Rector, 1894

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARGARET A. MOOYER

2. DATE
OF
DEATH

Nov. 5, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

2942 Harford Rd.

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
A. STATE B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2942 Harford Rd.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Sept. 14, 1871

9. AGE (in years last birthday)

81 80

10. Under 1 Year Months Days 11. Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

?

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Nicholas Kress

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

no

17. INFORMANT

ADDRESS

Mrs. Margaretha Griffith-6124 Hazelwood Ave

18.

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Myocardial Infarction
Hypertensive & Arteriosclerotic
Heart Disease

INTERVAL BETWEEN ONSET AND DEATH

14 hours

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

years

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Congestive Heart Failure
Cerebral Arteriosclerosis

4 days
5 years

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Jan 27, 1951, to Nov. 5, 1951, that I last saw the deceased alive on Nov. 5th, 1951, and that death occurred at 6:05a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Peny F. Williams

2 E. Read Street

Nov. 6, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

11/7/51

Druid Ridge Cem.

Pikesville, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

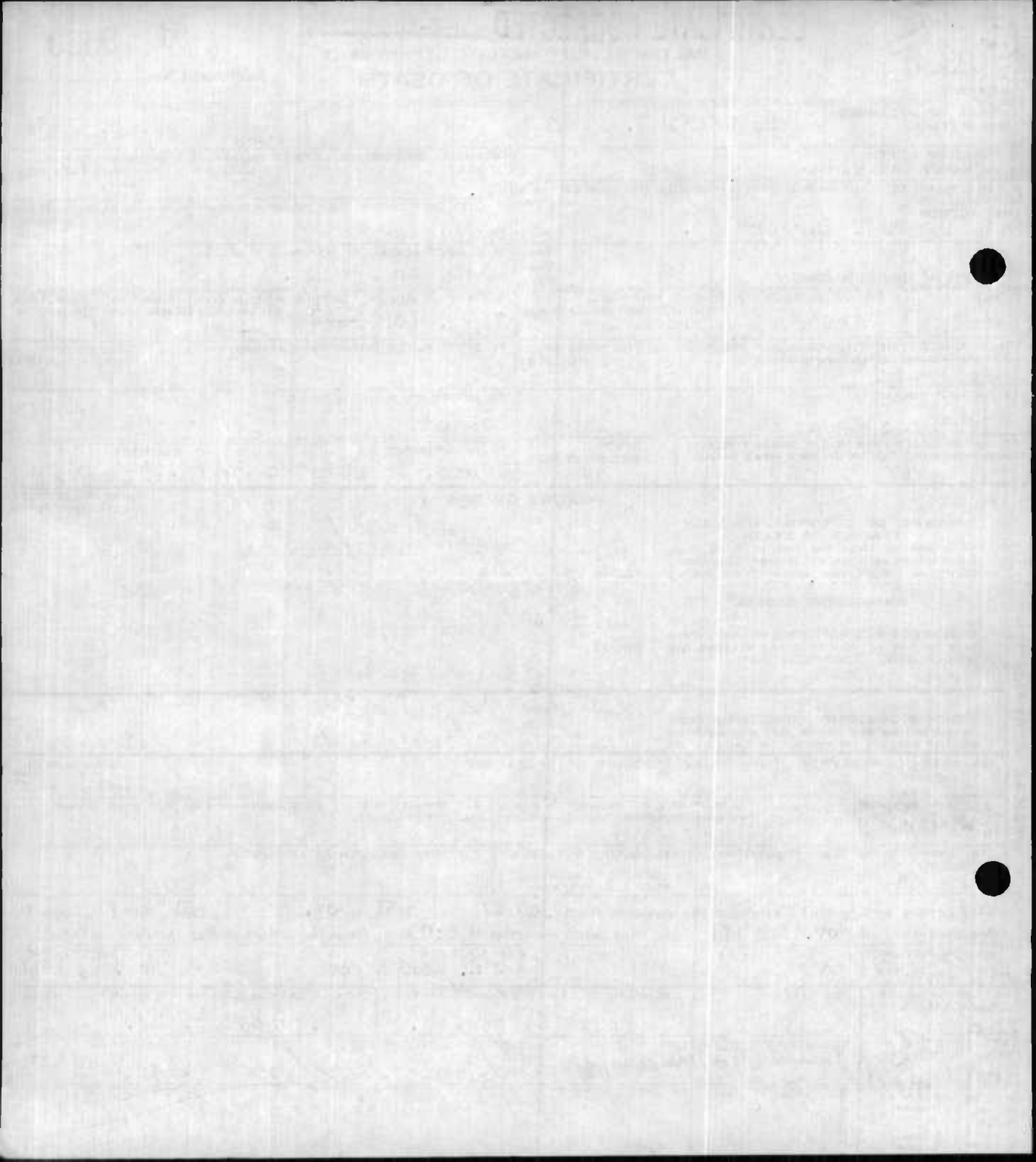
25. FUNERAL DIRECTOR

ADDRESS

NOV 7 - 1951

Peny F. Williams, M.D.

Wm. J. Dickener & Sons



120

9581

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 9581

Registered No.

1. NAME OF DECEASED (Type or Print) MRS. JENNIE E. REEVES		2. DATE OF DEATH NOV. 5, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE MARYLAND B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION HOSP. for WOMEN of Md.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE	
c. Length of stay in Baltimore ??		D. STREET ADDRESS (If rural, give location) 1639 DISQUIT ST.	
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH MAR. 3, 1899
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 62
13. FATHER'S NAME RILAS GATHRIGHT		11. BIRTHPLACE (State or foreign country) Virginia	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO		12. CITIZEN OF WHAT COUNTRY?	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME MARY MARTIN	
17. INFORMANT Husband.		ADDRESS Same.	
18. 601X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Probably Renal Shutdown DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. 1. Hyponatremia, bilateral DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH 2 Years	
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 11-5-51, 4:00 PM , to 11-5-51, 10:00 PM , that I last saw the deceased alive on 11-5-51 , and that death occurred at 4:10 PM m., from the causes and on the date stated above.			
23A. SIGNATURE Gene U. Cohen,		23B. ADDRESS 1 Hosp. for the Women of Md.	
23C. DATE SIGNED Nov. 5, 1951			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 11/9/51	
24C. NAME OF CEMETERY London Park		24D. LOCATION (City, town, or county) (State) Baltimore, Maryland	
DATE RECEIVED BY LOCAL REGISTRAR NOV 7 - 1951		REGISTRAR'S SIGNATURE Wm. Cook, Inc.	
25. FUNERAL DIRECTOR Wm. Cook, Inc.		ADDRESS 12121b Paul St.	

MEDICAL CERTIFICATION

132 B

NOT A MEDICAL EXAMINER'S CASE

J. H. DeLoach

CHIEF OR ASS'T. MEDICAL EXAMINER M.D.

-200

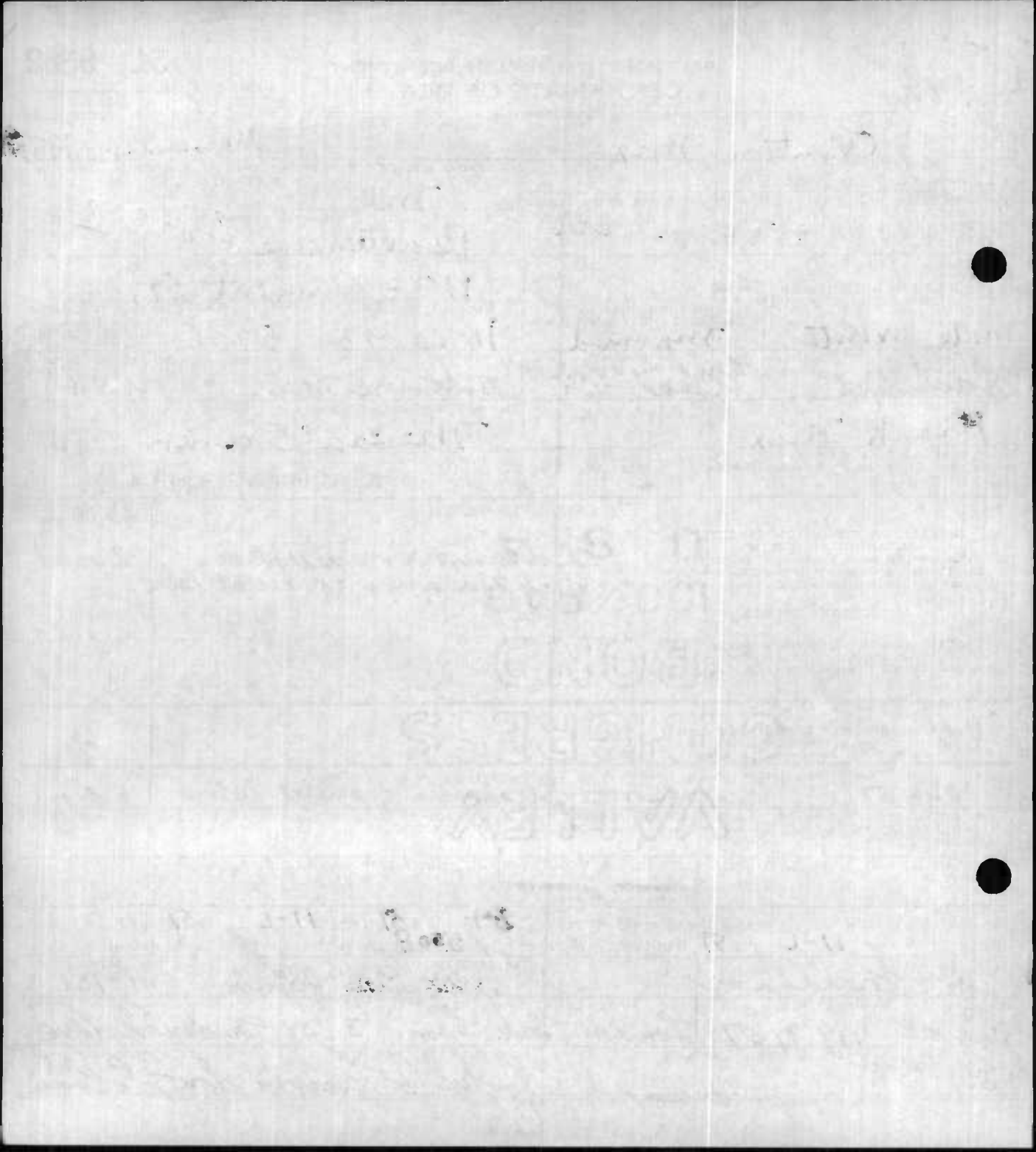
1 9582

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 9582
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Clinton Mix</i>			2. DATE OF DEATH <i>November 6, 1951</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 21-02</i>		
C. Length of stay in Baltimore <i>Life</i>			D. STREET ADDRESS (If rural, give location) <i>1132 Sargent St.</i>		
5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>11-20-93</i>	9. AGE (In years last birthday) <i>57</i>	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Machinist</i>			10B. KIND OF BUSINESS OR <i>Engineer & Seal Co.</i>		
11. BIRTHPLACE (State or foreign country) <i>Baltimore Md.</i>			12. CITIZEN OF WHAT COUNTRY? <i>USA</i>		
13. FATHER'S NAME <i>Frank Mix</i>			14. MOTHER'S MAIDEN NAME <i>Theresa Danner</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT <i>JOHNS HOPKINS HOSPITAL</i>			ADDRESS		

18. <i>193X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>(A) Glioblastoma multiforme of rt. thalamus & parietal lobe</i>			INTERVAL BETWEEN ONSET AND DEATH <i>8 mos.</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) (C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <i>8/16/51</i>		19B. MAJOR FINDINGS OF OPERATION <i>Brain tumor of thalamus & parietal lobe</i>	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>8-4</i> , 1951, to <i>11-6</i> , 1951, that I last saw the deceased alive on <i>11-6</i> , 1951, and that death occurred at <i>530 Pm.</i> , from the causes and on the date stated above.			
23A. SIGNATURE <i>J. St. Markham</i>		23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	
23C. DATE SIGNED <i>11/7/51</i>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>11/9/51</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Landon Park Cem.</i>	24D. LOCATION (City, town, or county) (State) <i>3801 Frederick Ave. 21-02</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>NOV 7 - 1951</i>		25. FUNERAL DIRECTOR <i>John J. Crown</i>	
REGISTRAR'S SIGNATURE <i>William H. Williams</i>		ADDRESS <i>544 32</i>	



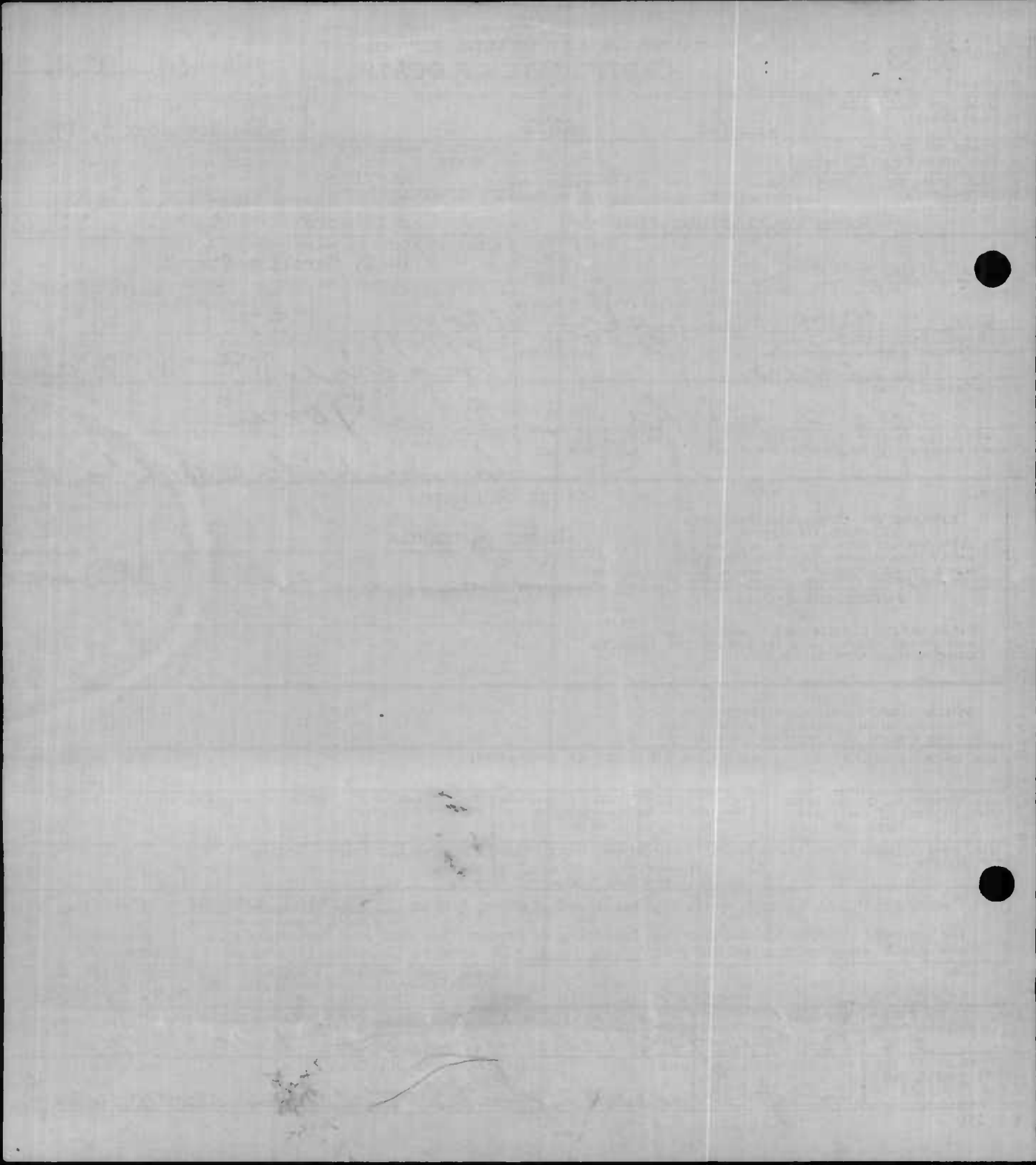
200
51 9583

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 9583

BIRTH NO.		1. NAME OF DECEASED (Type or Print) WILLIAM HICKS		2. DATE OF DEATH November 5, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION Johns Hopkins Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
D. STREET ADDRESS (If rural, give location) 19 N. Caroline Street		5. SEX Male 6. COLOR OR RACE Colored 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single			
8. DATE OF BIRTH May		9. AGE (In years last birthday) 37		10. UNDER 1 Year Months Days 11. UNDER 24 Hours Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Laborer		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Emporia Va	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME Eddie Hicks		14. MOTHER'S MAIDEN NAME Emma Jones	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT Clarence Hicks ADDRESS 12367 Eden St	

18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Lobar pneumonia (A) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .			
23A. SIGNATURE William N. Eldridge		23B. CHIEF MEDICAL EXAMINER..... <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input checked="" type="checkbox"/> M.D. MEDICAL INVESTIGATOR..... <input type="checkbox"/>	
23C. DATE SIGNED Nov. 6, 1951			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Nov 9-1951	
24C. NAME OF CEMETERY OR CREMATORY Mt Calvary Cemetery A.A.C. Md		24D. LOCATION (City, town, or county) (State) Baltimore Md	
DATE RECEIVED BY Nov 7-1951		REGISTRAR'S SIGNATURE William N. Eldridge	
FUNERAL DIRECTOR Robert S. Williams		ADDRESS 1575 McElderry St	



654

51 9584

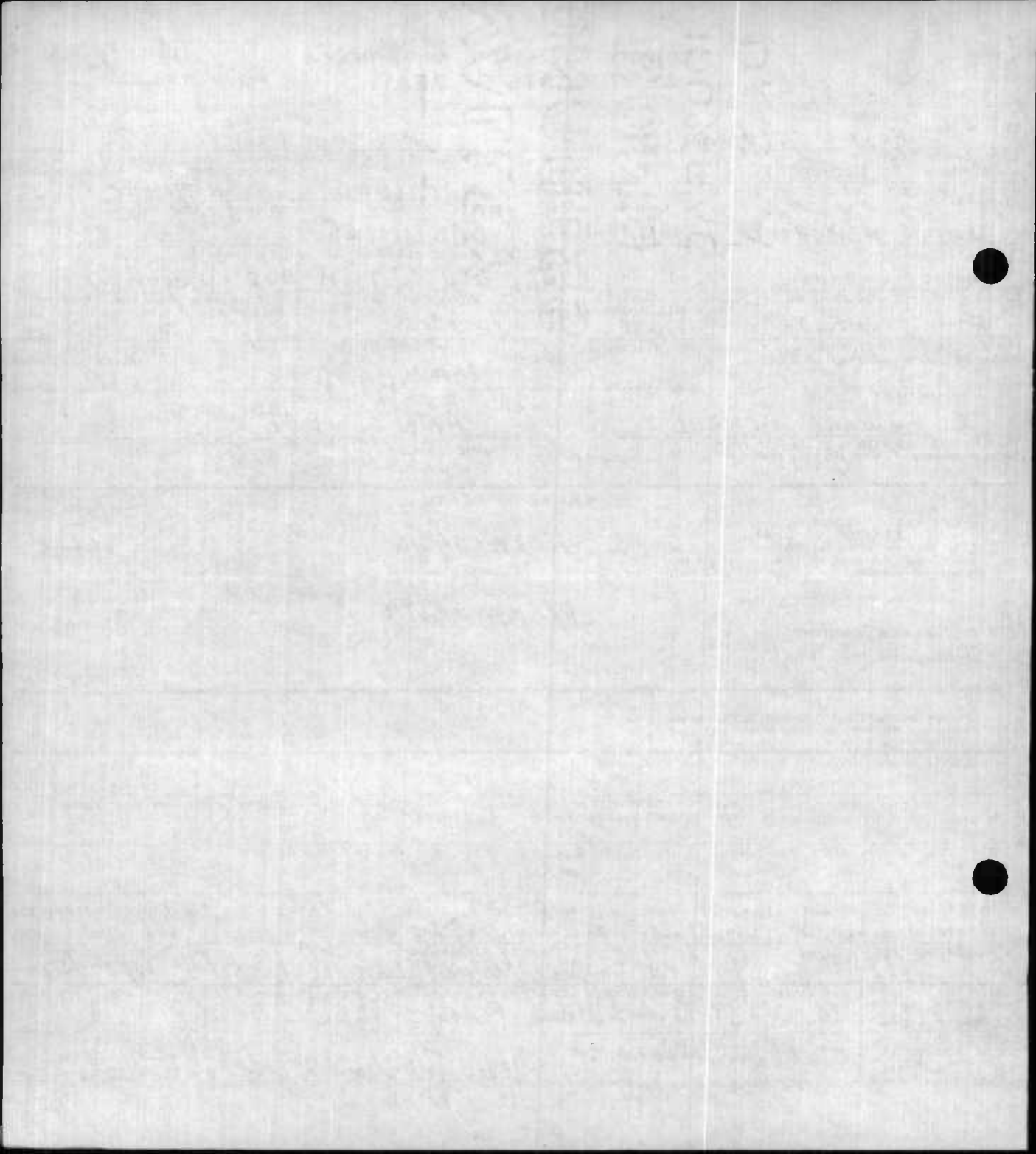
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 9584
Registered No.

BIRTH NO. 51-25837

1. NAME OF DECEASED (Type or Print) BABY GIRL ARNOLD			2. DATE OF DEATH 10-30-51		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY BALTIMORE		
B. FULL NAME OF (If not in hospital or institution, give street address or location) UNION MEMORIAL HOSPITAL			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE		
C. Length of stay in Baltimore 1 Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 621 Wilson Ave (DUNDALK)		
5. SEX F	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH 10-29-51		9. AGE (in years last birthday) 0 1 7 32
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) MARYLAND		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME C. EDWARD ARNOLD			14. MOTHER'S MAIDEN NAME ANN WEST		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS		

18. 7625 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ATELECTASIS DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. PREMATURITY DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH 31 hrs 31 hrs
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19A. DATE OF OPERATION 10-31-51		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., In or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 10-29 , 19 51 to 10-30 , 19 51 , that I last saw the deceased alive on 10-30 , 19 51 , and that death occurred at 9:00 m., from the causes and on the date stated above.					
23A. SIGNATURE Albert H. Dudley Jr.		23B. ADDRESS Union Memorial Hospital		23C. DATE SIGNED 10/30/51	
24A. BURIAL, CREMATION, REMOVAL (Specify) cremated		24B. DATE 10-31-51		24C. NAME OF CEMETERY OR CREMATORY Union Mem. Hosp.	
24D. LOCATION (City, town, or county) Balto - 18, Wd		24E. LOCATION (State) MD		25. FUNERAL DIRECTOR Hancy M. Allen, Dept of Pathology	
DATE RECEIVED BY LOCAL REGISTRAR NOV 7 - 1951		REGISTRAR'S SIGNATURE Wm. H. Williams, M.D.		25. FUNERAL DIRECTOR ADDRESS	



500
51 9585
BIRTH NO. 51-24364BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 9585
Registered No.

1. NAME OF DECEASED (Type or Print) Baby Girl Keene		2. DATE OF DEATH October 16, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION The Johns Hopkins Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
C. Length of stay in Baltimore newborn		D. STREET ADDRESS (If rural, give location) 423 E. Preston Street - 2	
5. SEX female	6. COLOR OR RACE negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH Oct. 16, 1951
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) newborn		10B. KIND OF BUSINESS OR INDUSTRY (newborn)	
11. BIRTHPLACE (State or foreign country) Baltimore, Maryland		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME George Keene		14. MOTHER'S MAIDEN NAME Doris Lee (193969)	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) -		16. SOCIAL SECURITY NO. -	
17. INFORMANT Hospital records		ADDRESS	

18. 753.11 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH Congenital Malformation microcephalus Hypoplastic Adrenals Anomalous lobulation of lungs	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION 11		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Oct. 16, 1951, to Oct. 16, 1951, that I last saw the deceased alive on Oct. 16, 1951, and that death occurred at 3.35 p.m., from the causes and on the date stated above.					
23A. SIGNATURE Robert E. L. Nesbitt		23B. ADDRESS The Johns Hopkins Hospital		23C. DATE SIGNED 10/29/51	

24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY Holy Sepulchre		24D. LOCATION (City, town, or county) (State)	
DATE RECEIVED BY LOCAL REGISTRAR NOV 7 - 1951		REGISTRAR'S SIGNATURE Wilmington Williams, M.D.		25. FUNERAL DIRECTOR		ADDRESS	

Department of Agriculture
Bureau of Plant Industry
Washington, D. C.

452
9586BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

51 9586

BIRTH NO. 51-24313

1. NAME OF DECEASED
(Type or Print)

Baby Gail Blankenship

2. DATE
OF
DEATH

Oct 24, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write full name of township)

D. STREET ADDRESS (If rural, give location)

1108 Carroll St

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Arthur Blankenship

14. MOTHER'S MAIDEN NAME

Elizabeth

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 768.5 I CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(A)

DUE TO

(B)

DUE TO

(C)

Septicemia due to
B. aerogenes, P. pyocyanus
and StreptococcusINTERVAL BETWEEN
ONSET AND DEATH

5 days

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Prematurity

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)22. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

22. I hereby certify that I attended the deceased from 10/18, 1951, to 10/24, 1951, that I last saw the deceased alive on 10/24, 1951, and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

M. O.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

10-25-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 7 - 1951

VS 150

Hospital Disposal

159

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

51 9587

Registered No. _____

BIRTH NO. 51-25258

1. NAME OF DECEASED (Type or Print) Baby Girl Johnson		2. DATE OF DEATH October 17, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY _____	
B. FULL NAME OF HOSPITAL OR INSTITUTION 1724 E. Preston St. - 13 (The Johns Hopkins Hospital DOA)		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
C. Length of stay in Baltimore newborn		D. STREET ADDRESS (If rural, give location) 1724 E. Preston Street - 13	
5. SEX female	6. COLOR OR RACE negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH October 17, 1951
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) (infant)		10B. KIND OF BUSINESS OR INDUSTRY (infant)	
13. FATHER'S NAME Paul Johnson		14. MOTHER'S MAIDEN NAME Cornelia Butler	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) -		16. SOCIAL SECURITY NO. -	
17. INFORMANT Johns Hopkins Hospital records		ADDRESS	

18. 776X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Prematurity Premature Onset of Labor.		INTERVAL BETWEEN ONSET AND DEATH
DUE TO (A) _____		
DUE TO (B) _____		
DUE TO (C) _____		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 10/17/51		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from Oct. 17, 1951 to Oct. 17, 1951 , that I last saw the deceased alive on Oct. 17, 1951 , and that death occurred at 6.30p.m. , from the causes and on the date stated above.				
23A. SIGNATURE Rahut E. L. Neelitt		23B. ADDRESS The Johns Hopkins Hospital		23C. DATE SIGNED 10/29/51

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY Harv Burson	24D. LOCATION (City, town, or county) (State)
DATE RECEIVED BY LOCAL REGISTRAR NOV 7 - 1951		REGISTRAR'S SIGNATURE Winston Williams, M.D.	25. FUNERAL DIRECTOR ADDRESS

MEDICAL CERTIFICATION

STATE OF NEW YORK
IN SENATE
January 10, 1901
REPORT
OF THE
COMMISSIONERS OF THE LAND OFFICE
IN RESPONSE TO A RESOLUTION PASSED BY THE SENATE
MAY 1, 1899
ALBANY: J. B. LIPPINCOTT & CO. PRINTERS.
1901.

500
51 9588

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 9588
Registered No.

BIRTH NO. 51-25247

1. NAME OF DECEASED (Type or Print) Baby Girl Cohen		2. DATE OF DEATH October 20, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION The Johns Hopkins Hospital		C. CITY OR TOWN Baltimore	
D. Length of stay in Baltimore newborn		E. STREET ADDRESS (If rural, give location) 2533 Greenmount Avenue - 18	
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH Oct. 20, 1951
9. AGE (in years last birthday) 9-08		10. CITIZEN OF WHAT COUNTRY? 9 5	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME Ralph Cohen		14. MOTHER'S MAIDEN NAME Ida Agnes Blumberg (JHH 582666)	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT Hospital records		ADDRESS	

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) 762.51 Prematurity (anoxia) Premature Onset of labor NONE	CAUSE OF DEATH (A) DUE TO (B) DUE TO (C) DUE TO	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 2	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from Oct. 20, 1951 to Oct. 20, 1951 , that I last saw the deceased alive on Oct. 20, 1951 and that death occurred at 2.30 p.m. , from the causes and on the date stated above.		
23A. SIGNATURE Robert E. L. Nesbitt	23B. ADDRESS The Johns Hopkins Hospital	23C. DATE SIGNED 10/29/51

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY Harf Bedford	24D. LOCATION (City, town, or county) (State)
DATE RECEIVED BY LOCAL REGISTRAR NOV 7 - 1951	REGISTRAR'S SIGNATURE Walter John Williams, M.D.	25. FUNERAL DIRECTOR	ADDRESS

424
51

REA-153497

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 9589
Registered No.

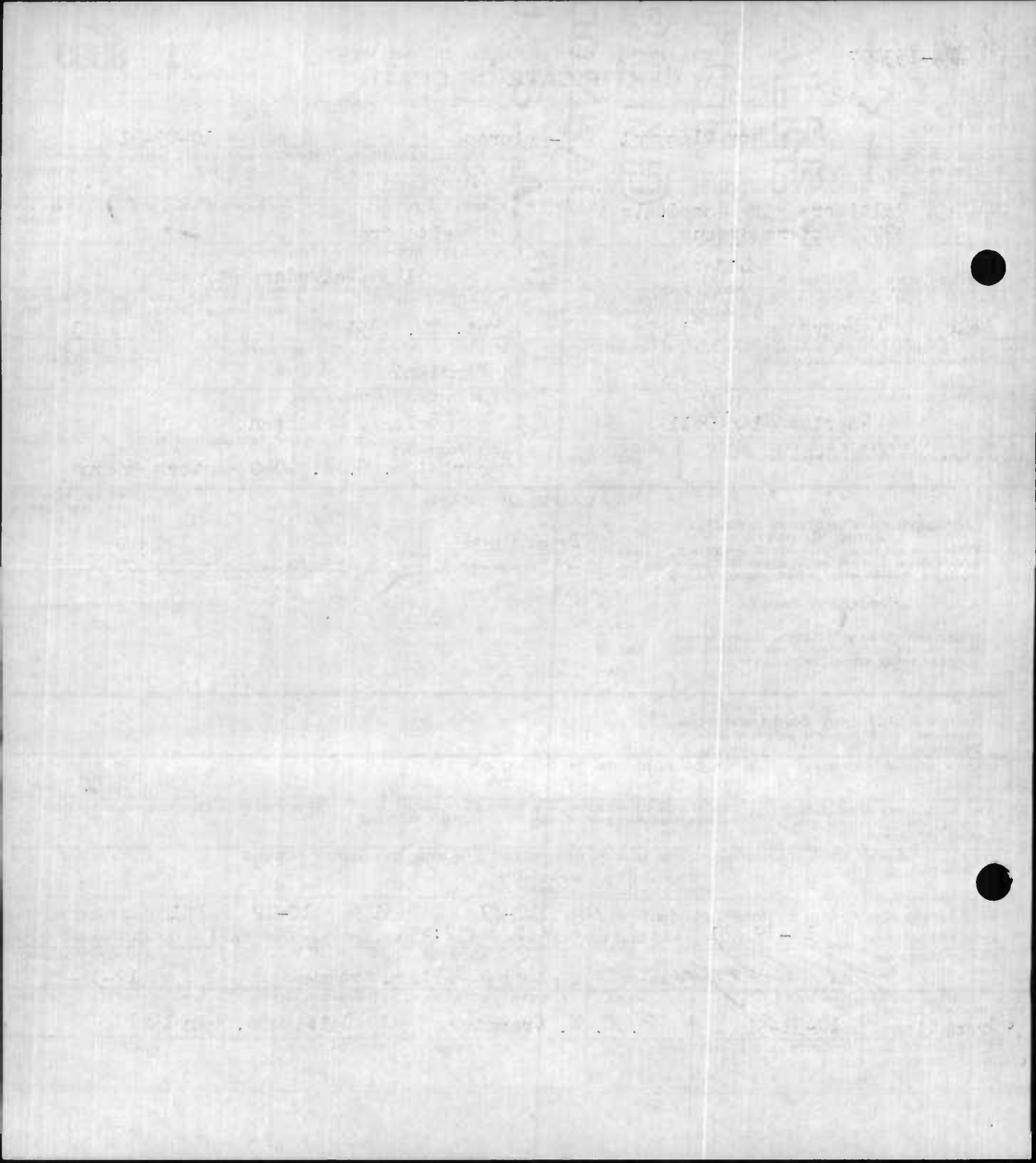
BIRTH NO. 51-25429

1. NAME OF DECEASED (Type or Print) Baby Boy Blackwell "A"-Delores		2. DATE OF DEATH 10-29-51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
5. FULL NAME OF (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Avenue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
6. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 1430 Belvedere Street	
7. SEX Male	8. COLOR OR RACE Negro	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	10. DATE OF BIRTH Oct. 29, 1951
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		12. AGE (in years last birthday) 3	
13. FATHER'S NAME Charles Blackwell		14. MOTHER'S MAIDEN NAME Delores Robinson	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT Records: B. C. H.		ADDRESS 4940 Eastern Avenue	

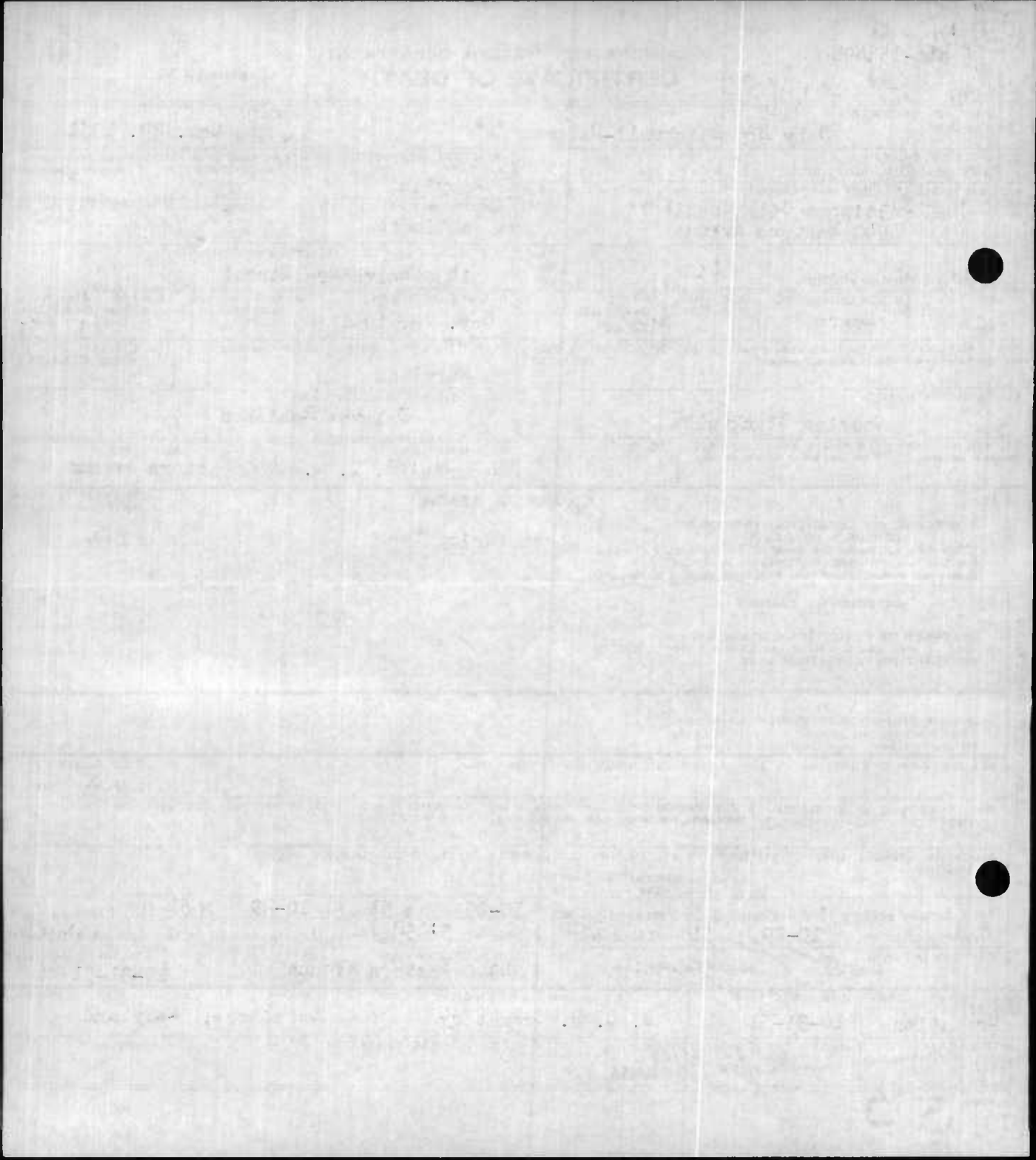
18. 776x I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Prematurity DUE TO Life		INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 10-29 , 1951, to 10-29 , 1951, that I last saw the deceased alive on 10-29, 1951 and that death occurred at 2:45 A.M. from the causes and on the date stated above.					
23A. SIGNATURE <i>J. H. Morgan</i>		23B. ADDRESS 4940 Eastern Avenue		23C. DATE SIGNED 10-31-51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Cremation		24B. DATE 10-31-51		24C. NAME OF CEMETERY OR CREMATORY B. C. H. Crematory	
24D. LOCATION (City, town, or county) (State) Baltimore, Maryland		25. FUNERAL DIRECTOR ADDRESS			
DATE RECEIVED BY LOCAL REGISTRAR NOV 7 - 1951		REGISTRAR'S SIGNATURE <i>Wm. Williams</i>			

MEDICAL CERTIFICATION



<div style="display: flex; justify-content: space-between;"> <div> 424 51 9590 51-25430 </div> <div> REA-153498 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH </div> <div> 51 9590 Registered No. </div> </div>	
BIRTH NO.	
1. NAME OF DECEASED (Type or Print) Baby Boy Blackwell-Delores "B"	
2. DATE OF DEATH Oct. 29, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE Baltimore City Hospitals 4940 Eastern Avenue	
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 1430 Belvedere Street	
5. SEX Male	
6. COLOR OR RACE Negro	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	
8. DATE OF BIRTH Oct. 29, 1951	
9. AGE (in years last birthday) 3 55	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	
10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Maryland	
12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Charles Blackwell	
14. MOTHER'S MAIDEN NAME Delores Robinson	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.	
17. INFORMANT Records: B. C. H. 4940 Eastern Avenue	
18. CAUSE OF DEATH I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Prematurity Life ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 10-29	
19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 10-29, 1951, to 10-29, 1951, that I last saw the deceased alive on 10-29, 1951, and that death occurred at 3:45 P. M., from the causes and on the date stated above.	
23A. SIGNATURE <i>[Signature]</i> M. D.	
23B. ADDRESS 4940 Eastern Avenue	
23C. DATE SIGNED 10-31-51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Cremation	
24B. DATE 10-31-51	
24C. NAME OF CEMETERY OR CREMATORY B. C. H. Crematory	
24D. LOCATION (City, town, or county) (State) Baltimore, Maryland	
DATE RECEIVED BY LOCAL REGISTRAR NOV 7 - 1951	
REGISTRAR'S SIGNATURE <i>[Signature]</i>	
25. FUNERAL DIRECTOR	
ADDRESS	



536
51 9591

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

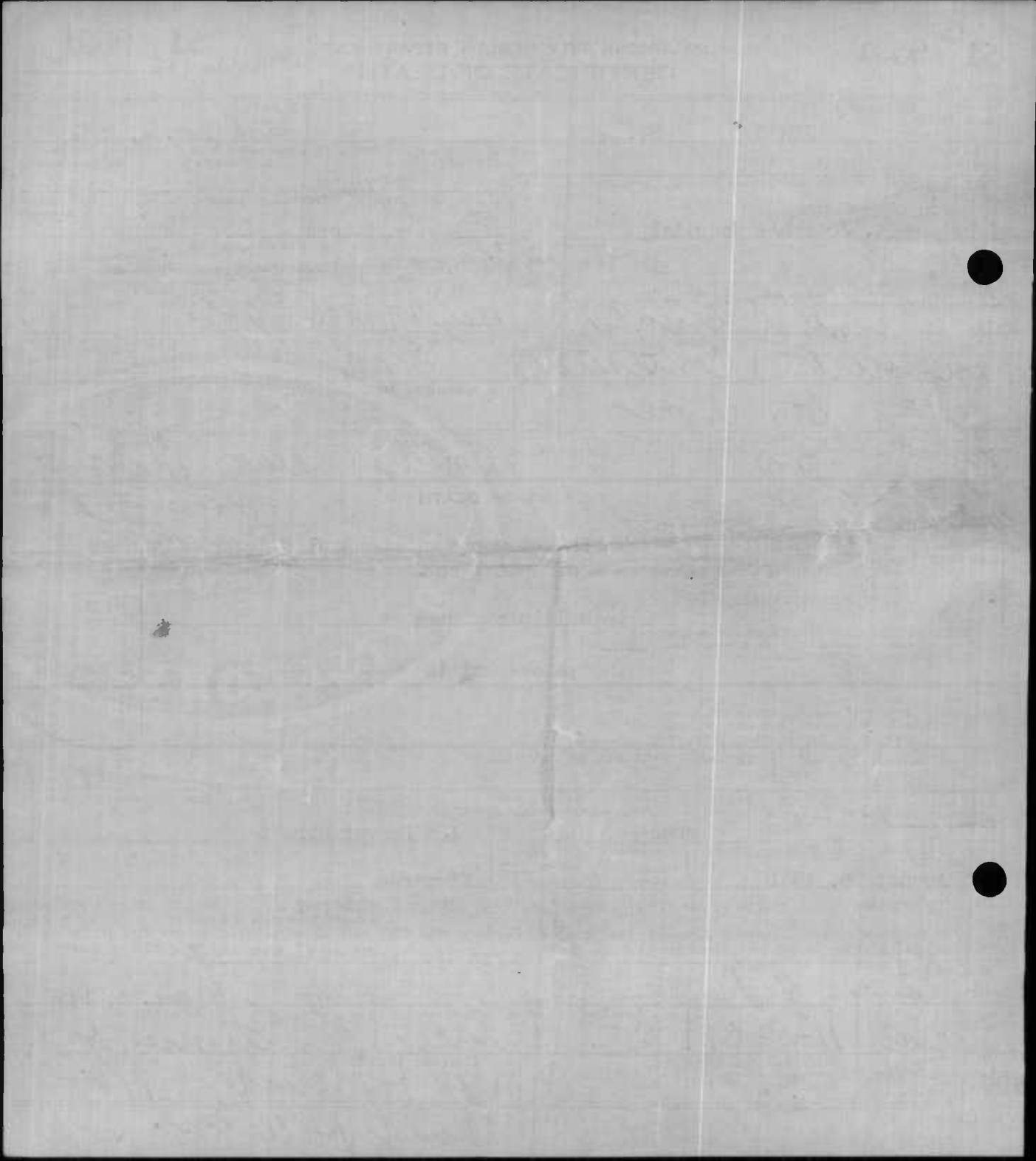
51 9591
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) JAMES ST. ROSE		2. DATE OF DEATH Nov. 4, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore			
B. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 425 Heaver Street			
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Dec. 17 1923	9. AGE (in years last birthday) 28	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10B. KIND OF BUSINESS OR INDUSTRY Contractor		11. BIRTHPLACE (State or foreign country) Md.	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME St. Rose		14. MOTHER'S MAIDEN NAME	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Morothy Goldberg - Heaver St.	

MEDICAL CERTIFICATION

18. E 981X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Bullet wound of chest with destruction of spinal cord (B) Multiple abscesses (C) Pyelonephritis		CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	21C. WHERE DID INJURY OCCUR? 425 Heaver Street	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY August 26, 1951	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? Firearms	
22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input checked="" type="checkbox"/> , undetermined <input type="checkbox"/> .			
23A. SIGNATURE Stanley K. Dureacher M.D.		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input checked="" type="checkbox"/> 23C. DATE SIGNED Nov. 5, 1951	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 11-8-51	24C. NAME OF CEMETERY OR CREMATORY Mt. Auburn	24D. LOCATION (City, town, or county) (State) Baltimore Md.
DATE RECEIVED BY LOCAL REGISTRAR NOV 8 - 1951	REGISTRAR'S SIGNATURE W. Halstead	25. FUNERAL DIRECTOR ADDRESS 918 -	

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51 9592

51 9592

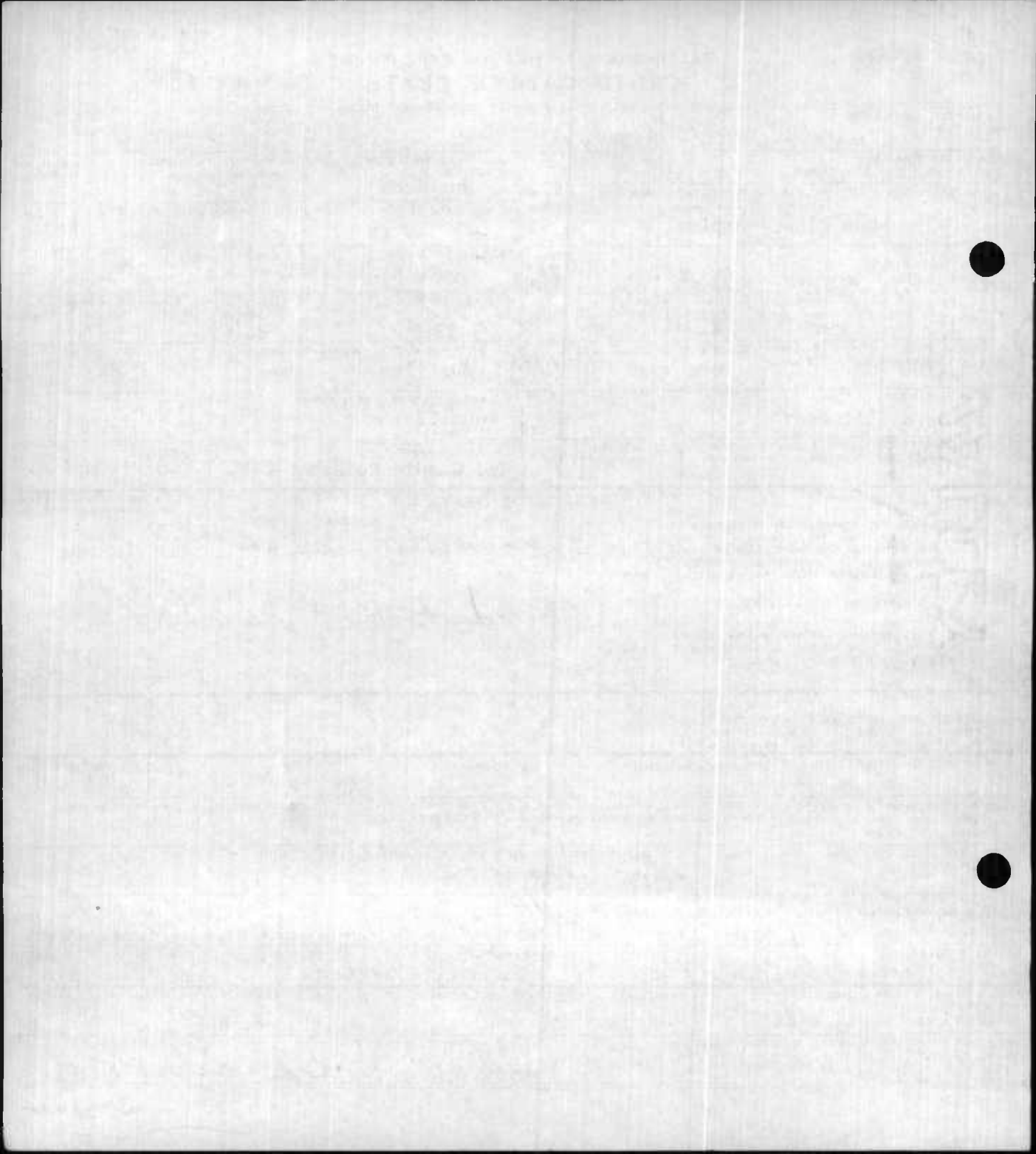
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

1. NAME OF DECEASED (Type or Print) JENNIE WEISSMAN			2. DATE OF DEATH 11-7-51		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION The Sinai Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore 48 yrs.			D. STREET ADDRESS (If rural, give location) 3620 West Garrison Avenue 27-18		
5. SEX W F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOW	8. DATE OF BIRTH 1888		9. AGE (In years last birthday) 63
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10B. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (State or foreign country) Austria		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME bernard Miller			14. MOTHER'S MAIDEN NAME Anna ??		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Mr. Mennie Weissman-3620 W. Garrison Ave.		

18. 420.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
	(A) Cerebrovascular accident	DUE TO	
	(B) Arteriosclerotic Heart Disease	DUE TO	
(C) _____		DUE TO	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 11-2-51 , 19 51 to 11-7 , 19 51 , that I last saw the deceased alive on 11-7 , 19 51 , and that death occurred at 10:00 AM. , from the causes and on the date stated above.					
23A. SIGNATURE A. M. Ehrenkrantz		23B. ADDRESS Sinai Hospital		23C. DATE SIGNED 11-7-51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 11/8/51		24C. NAME OF CEMETERY OR CREMATORY Hebrew Young Mens	
24D. LOCATION (City, town, or county) (State) Baltimore, Maryland		24E. DATE RECEIVED BY LOCAL REGISTRAR NOV 8 - 1951			
24F. REGISTRAR'S SIGNATURE W. H. Williams, Jr.		24G. FUNERAL DIRECTOR Sol. Levinson		24H. ADDRESS Bro - 1124-26 W. North	



435

51 9593

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51 9593

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

2. DATE OF DEATH

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

5. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

6. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

7. STREET ADDRESS (If rural, give location)

8. LENGTH OF STAY IN BALTIMORE
Yrs.
Mos.
Days

9. SEX

10. COLOR OR RACE

11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

12. DATE OF BIRTH

13. AGE (In years last birthday)

14. If Under 1 Year Months: Days

15. If Under 24 Hours Hours: Min.

16. 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

17. 10B. KIND OF BUSINESS OR INDUSTRY

18. BIRTHPLACE (State or foreign country)

19. CITIZEN OF WHAT COUNTRY?

20. FATHER'S NAME

21. MOTHER'S MAIDEN NAME

22. 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

23. 16. SOCIAL SECURITY NO.

24. 17. INFORMANT

25. ADDRESS

26. 18. CAUSE OF DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

27. INTERVAL BETWEEN ONSET AND DEATH

28. 19A. DATE OF OPERATION

29. 19B. MAJOR FINDINGS OF OPERATION

30. 20. AUTOPSY?
YES ☐ NO ☒

31. 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

32. 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

33. 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

34. 21D. TIME (Month) (Day) (Year) (Hour)

35. 21E. INJURY OCCURRED
WHILE AT WORK ☐ NOT WHILE AT WORK ☐

36. 21F. HOW DID INJURY OCCUR?

37. 22. I hereby certify that I attended the deceased from Nov 6, 1957, to Nov 7, 1957, that I last saw the deceased alive on Nov 7, 1957, and that death occurred at 10 P. m., from the causes and on the date stated above.

38. 23A. SIGNATURE

39. 23B. ADDRESS

40. 23C. DATE SIGNED

41. 24A. BURIAL, CREMATION, REMOVAL (Specify)

42. 24B. DATE

43. 24C. NAME OF CEMETERY OR CREMATORY

44. 24D. LOCATION (City, town, or county) (State)

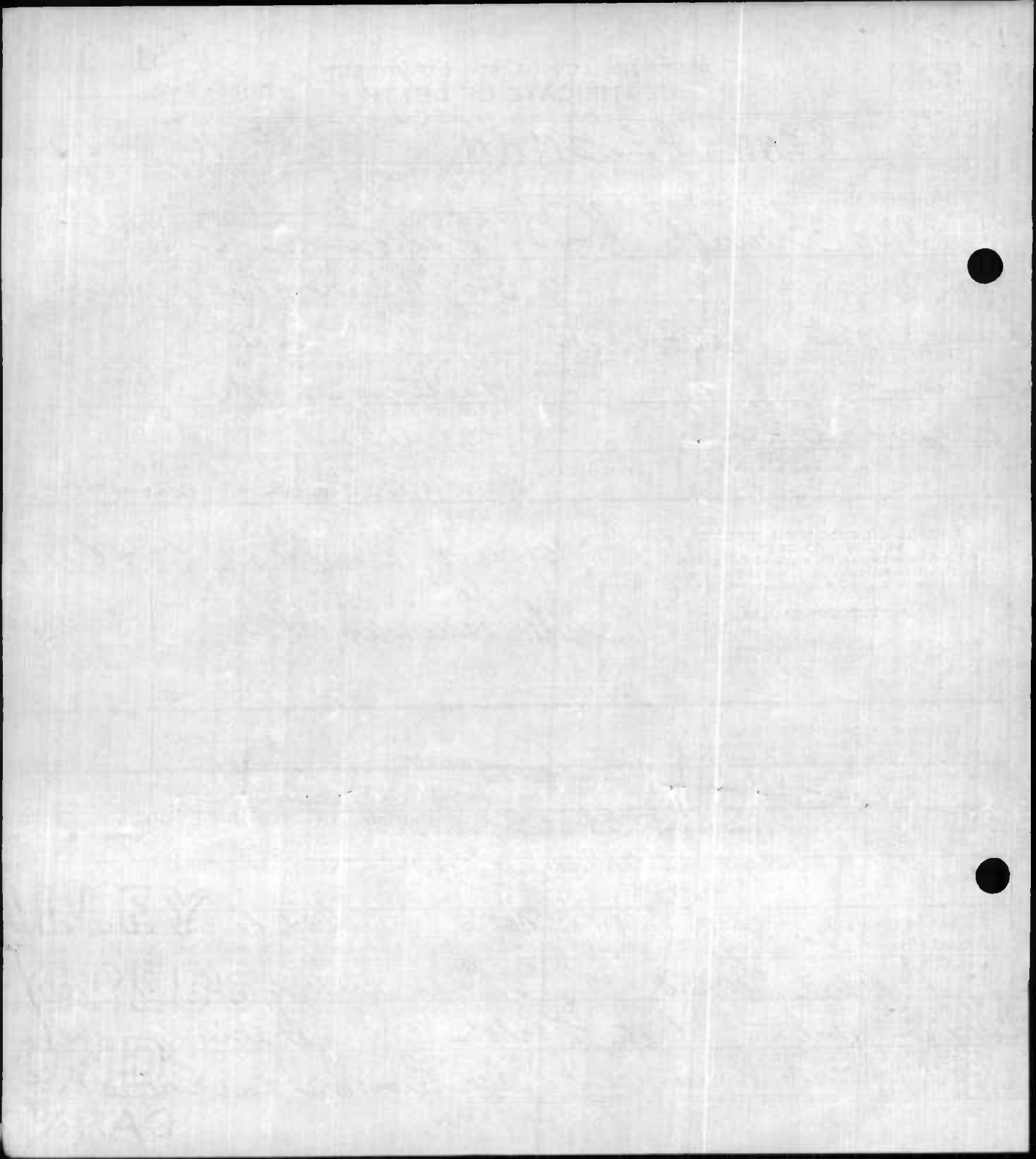
45. DATE RECEIVED BY LOCAL REGISTRAR

46. REGISTRAR'S SIGNATURE

47. 25. FUNERAL DIRECTOR

48. ADDRESS

49. 937



435
1 9594

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 9594
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) MURRAY GOLDMAN		2. DATE OF DEATH 11-7-51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE N. Y. B. COUNTY V-29		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) New York City	
B. FULL NAME OF HOSPITAL OR INSTITUTION Sumner		D. STREET ADDRESS (If rural, give location) Manhattan Towers		c. Length of stay in Baltimore Yrs. Mos. Days	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH 3/1	9. AGE (In years last birthday) 31	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		10B. KIND OF BUSINESS OR INDUSTRY Auto Supplies		11. BIRTHPLACE (State or foreign country) New York City	
13. FATHER'S NAME Hyman		14. MOTHER'S MAIDEN NAME Frances		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS David Goldman - 1305 Maryland Ave	
1B. 331X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH (A) Cerebro-Vascular Accident DUE TO (B) MALIGNANT HYPERTENSION DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH 3 days Years	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. BENIGN PROSTATIC HYPERTROPHY		1 Year	
19A. DATE OF OPERATION NONE		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 11-2 19 51 , to 11-7 , 19 51 , that I last saw the deceased alive on 11-7 , 19 51 , and that death occurred at 2:15 P. m., from the causes and on the date stated above.					
23A. SIGNATURE Malcolm E. Ruben		23B. ADDRESS Sinai Hospital		23C. DATE SIGNED 11-7-51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 11-8-51		24C. NAME OF CEMETERY OR CREMATORY Beth T. Teloh	
24D. LOCATION (City, town, or county) (State) Balto Md		24E. FUNERAL DIRECTOR Jack Lewis Inc		24F. ADDRESS 2100 Eutaw Pl	

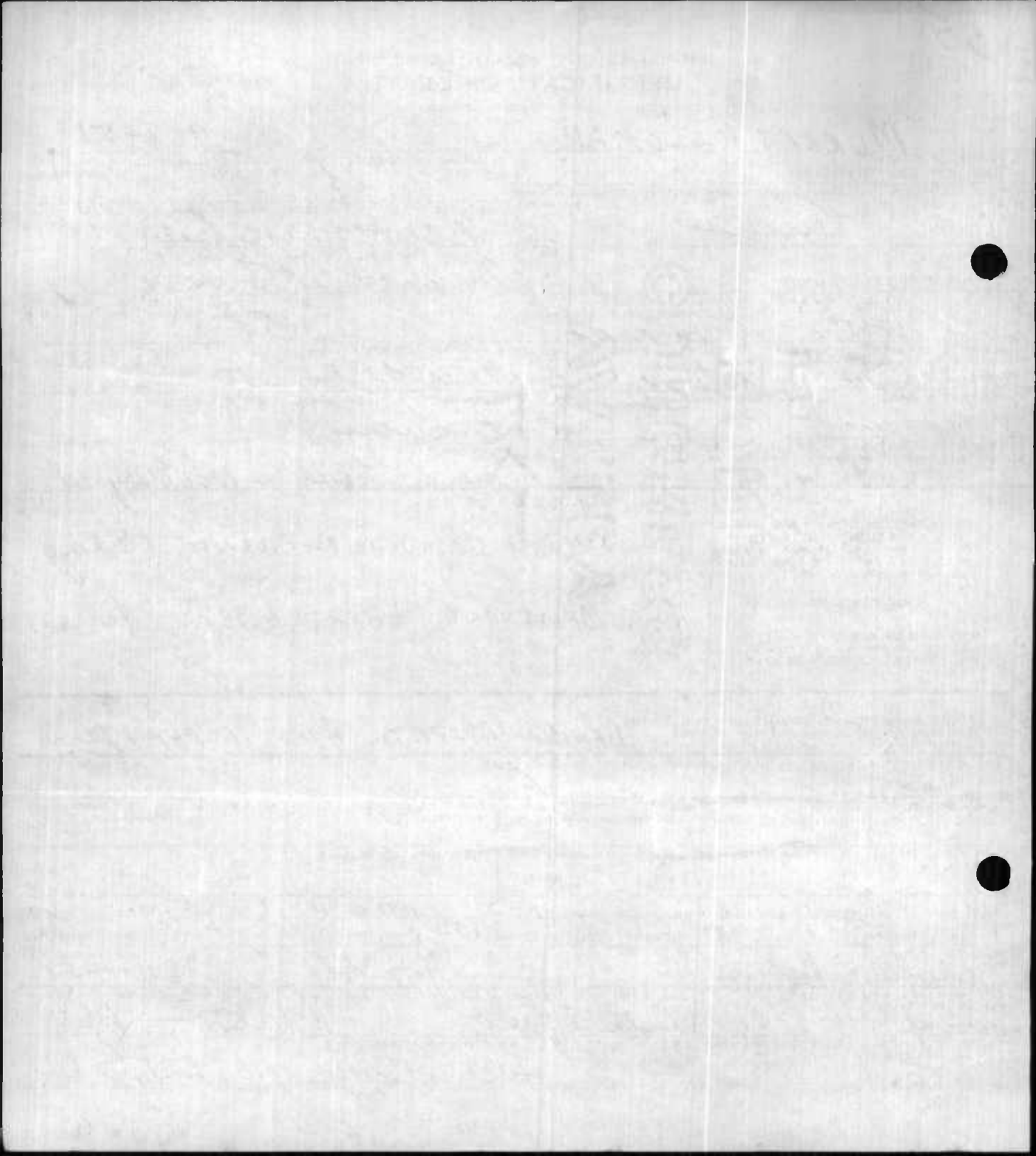
MEDICAL CERTIFICATION

4906J

83a

DATE RECEIVED BY LOCAL REGISTRAR
NOV 8 - 1951

REGISTRAR'S SIGNATURE
William H. Williams, Jr.



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1 9595

51 9595

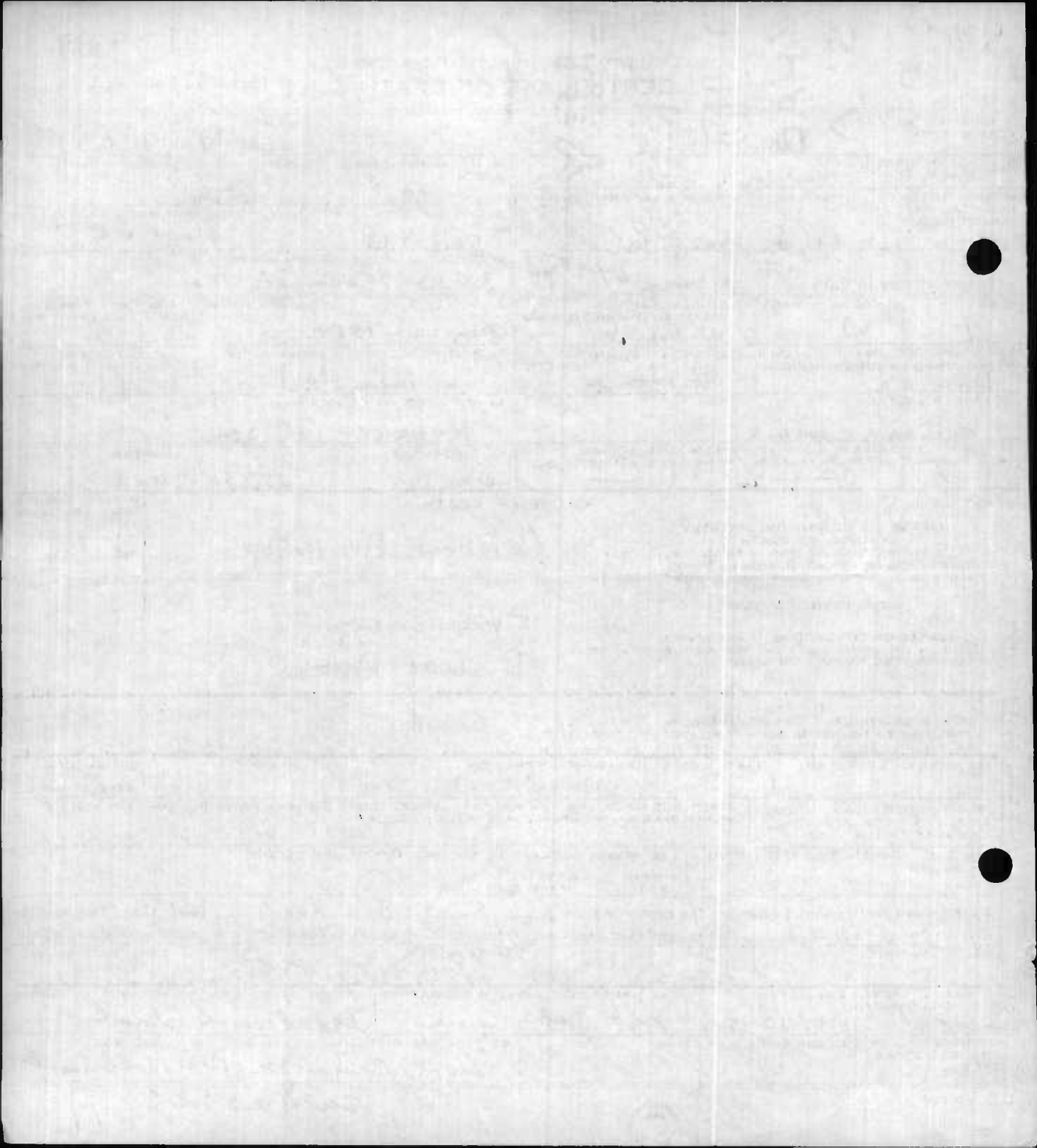
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

1. NAME OF DECEASED (Type or Print) Elsie Hulise		2. DATE OF DEATH Nov. 7, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland Univ. Hosp. B. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md B. COUNTY Balt C. CITY OR TOWN Bald Md. D. STREET ADDRESS (If rural, give location) 3533 Keswick Rd	
c. Length of stay in Baltimore 69 Yrs. Mos. Days		8. DATE OF BIRTH Aug. 22 - 1882 69	
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	9. AGE (in years last birthday) 69
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY at home	
11. BIRTHPLACE (State or foreign country) Unk Md		12. CITIZEN OF WHAT COUNTRY? US	
13. FATHER'S NAME William Carlack		14. MOTHER'S MAIDEN NAME Rebecca Allison	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) —		16. SOCIAL SECURITY NO. —	
17. INFORMANT Daughter		ADDRESS 3533 Keswick Rd	

18. 331X and 260X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH (A) Cerebral Hemorrhage DUE TO (B) Hypertension DUE TO arterio-sclerosis (C) Diabetes Mellitus	INTERVAL BETWEEN ONSET AND DEATH 5 day
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19A. DATE OF OPERATION Nov 7 1951		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Nov. 5, 1951 , to Nov 7, 1951 , that I last saw the deceased alive on Nov 7, 1951 , and that death occurred at 9:30 A.m. , from the causes and on the date stated above.					
23A. SIGNATURE J J Borges		23B. ADDRESS University Hospital		23C. DATE SIGNED 11-7-51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Nov. 10 - 1951		24C. NAME OF CEMETERY OR CREMATORY Grin Cem	
24D. LOCATION (City, town, or county) Baltimore Md		24E. LOCATION (City, town, or county) Freeland Md		24F. LOCATION (City, town, or county) Baltimore Md	
DATE RECEIVED BY LOCAL REGISTRAR NOV 8 - 1951		REGISTRAR'S SIGNATURE Thurston Williams, Jr.		25. FUNERAL DIRECTOR Mrs. K. Beyer	
ADDRESS 1512 Hallin St		ADDRESS Balt 23 Md		61	



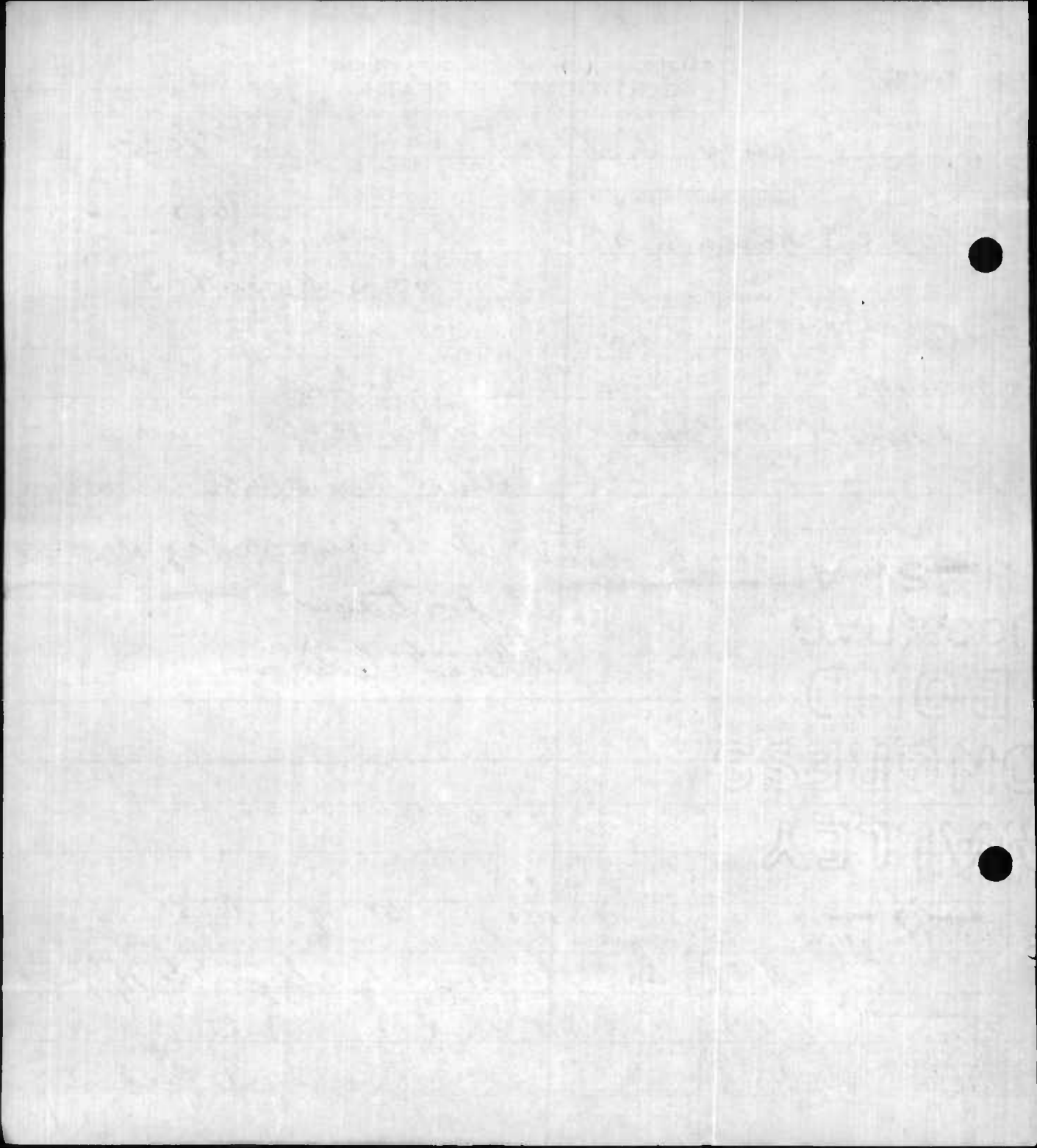
500
51 9596
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 9596
Registered No.

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
Mary A. Linn		11/6/51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
		A. STATE Md B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)	
103 S. Kossuth St.		Balto. 2001	
C. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location)	
		103 S. Kossuth St.	
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH
Female	White	Widowed	11/3/1864
9. AGE (In years last birthday)	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
87	Housewife	Ireland	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Daniel O'Connor		Catherine O'Connor	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknowns) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
No			William E. Beam 2074 5th Ave. Brooklyn
18. 331X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH	
		Cerebral Hemorrhage	
ANTECEDENT CAUSES		DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(A) Hypertension	
		(B) Dilated Left Ventricle	
		(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 11/1, 1951, to 11/6, 1951, that I last saw the deceased alive on 11/4, 1951, and that death occurred at m., from the causes and on the date stated above.		23A. SIGNATURE	
		Charles E. Beam	
23B. ADDRESS		23C. DATE SIGNED	
2145 W. Baltimore St.		11/7/51	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE	
Burial		11/9/51	
24C. NAME OF CEMETERY OR CREMATORY		24D. LOCATION (City, town, or county) (State)	
Cathedral		Balto. Md.	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE	
NOV 8 - 1951		Wm. E. Beam	
25. FUNERAL DIRECTOR ADDRESS		26. DATE OF DEATH	
Wm. E. Beam Inc. 1217 St. Paul St.		11/6/51	

83a



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

51 9597
Registered No. _____

1. NAME OF DECEASED (Type or Print) AVARILLO			2. DATE OF DEATH Nov. 5, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY _____		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION South Baltimore General Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
D. STREET ADDRESS (If rural, give location) 1007 Ridgely Street					
5. SEX Female			6. COLOR OR RACE White		
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed			8. DATE OF BIRTH Feb. 13, 1868		
9. AGE (in years last birthday) 83			10. UNDER 1 Year Months: Days		
11. UNDER 24 Hours Hours: Min.			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME Robert H. Chandler			14. MOTHER'S MAIDEN NAME Caroline M. Rineman		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT Bessie Chandler, 1007 Ridgely Street			ADDRESS		

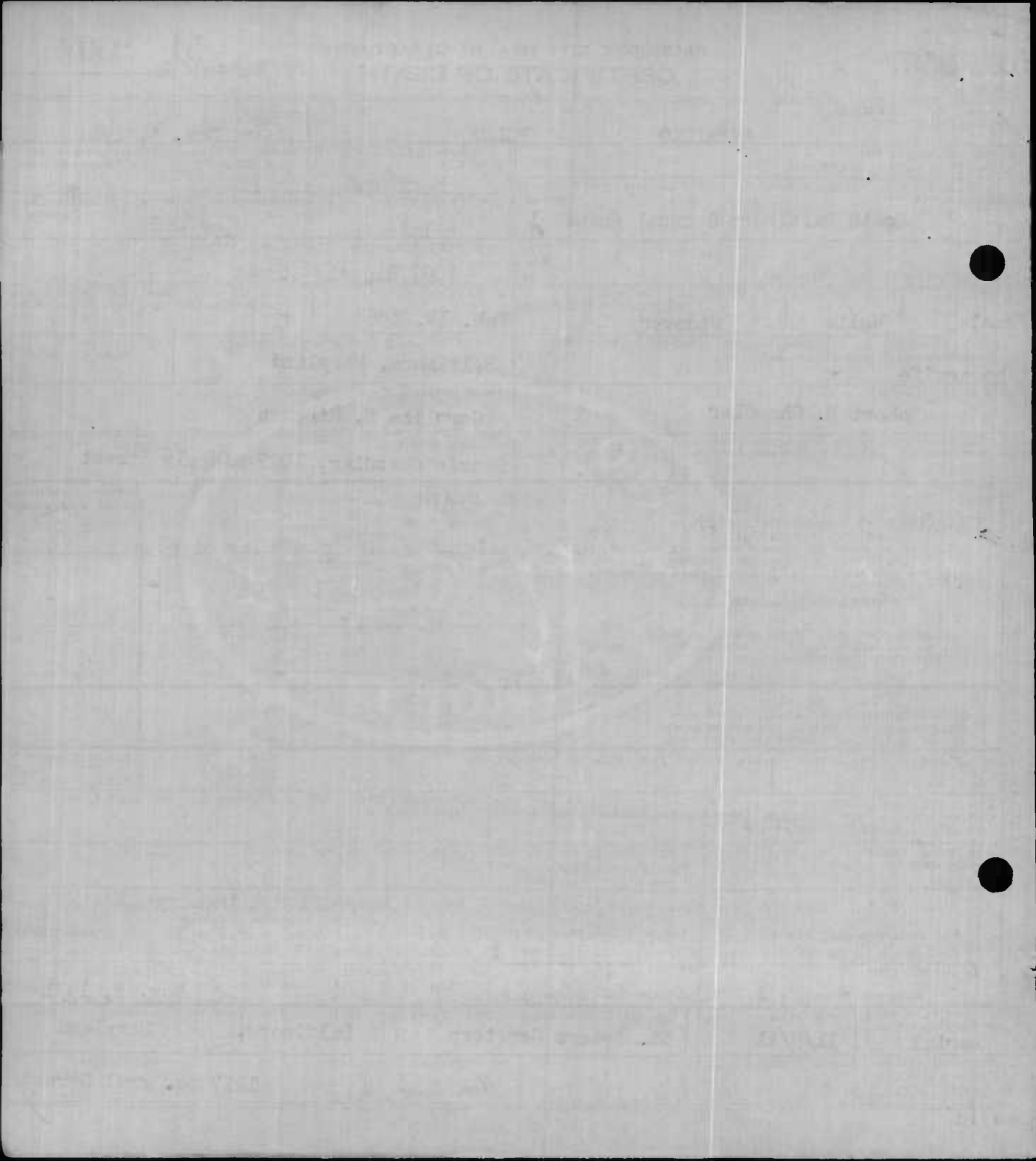
18. 4221 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) (A) Arteriosclerotic cardiovascular disease DUE TO _____		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) _____ DUE TO _____		
(C) _____ DUE TO _____		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIB-UTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <i>Stanley K. D... M.D.</i>		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED Nov. 5, 1951	
24A. BURIAL, CREMA-TION, REMOVAL (Specify) burial		24B. DATE 11/8/51		24C. NAME OF CEMETERY OR CREMATORY St. Peters Cemetery	
		24D. LOCATION (City, town, or county) Baltimore,		(State) Maryland	

DATE RECEIVED BY LOCAL REGISTRAR NOV 8 - 1951		REGISTRAR'S SIGNATURE <i>William Williams</i>		25. FUNERAL DIRECTOR Wm. Cook, Inc.	
				ADDRESS 1217 St. Paul Street	



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

51 9598
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mary A. Fitez

2. DATE
OF
DEATH

November 7, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

**Ashburton Nursing Home
3520 Hilton Road**

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

22 N. Kresson Street

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

July 28, 1874

9. AGE (In years last birthday)

77

If Under 1 Year Months Days If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore County, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

John Knight

14. MOTHER'S MAIDEN NAME

Agnes

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Maudie George, 22 N. Kresson Street

18. **443X**

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

CAUSE OF DEATH

Myocardial Cor-dio-Vascular Disease, Chronic

(A)

DUE TO

Hypertension, (Fibrillation of the heart)

(B)

DUE TO

Mal-nutrition Secondary Anemia Arteriosclerosis

(C)

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22 I hereby certify that I attended the deceased from **Nov. 30** 19**49** to **Nov. 7** 19**51**, that I last saw the deceased alive on **11/6/51**, and that death occurred at **5:30** m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

burial

24B. DATE

11/9/51

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Maryland

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

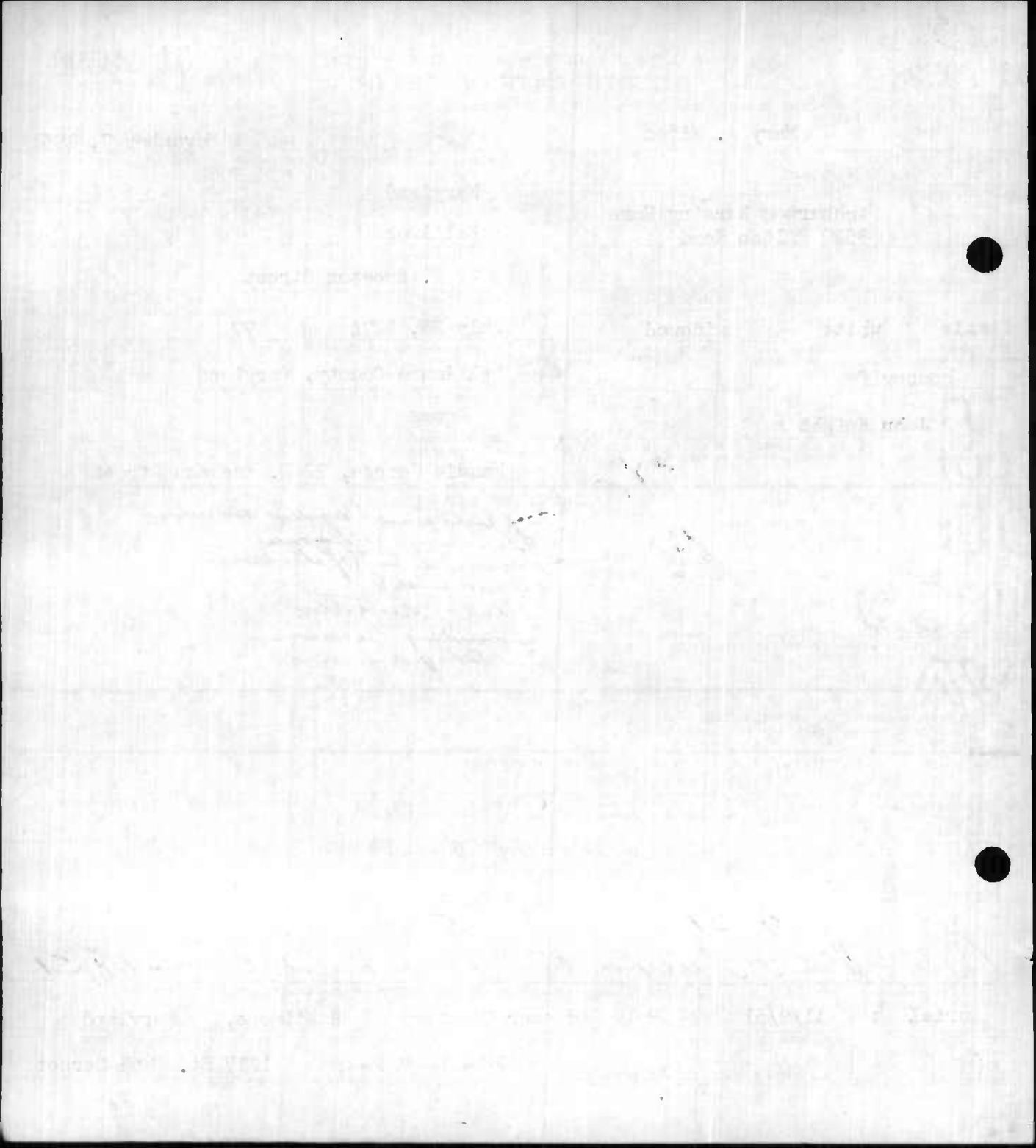
ADDRESS

NOV 8 - 1951

Huntington Williams, M.D.

Wm. Cook, Inc.

1217 St. Paul Street



426
51 9599

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 9599
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) FRANK A. SCHLEICHER			2. DATE OF DEATH NOV 7 - 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland LUTHERAN HOSP.			4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE MARYLAND B. COUNTY BALTIMORE		
B. FULL NAME OF (If not in hospital or institution, give street address or location) LUTHERAN HOSP. OF MD.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 15-00		
c. Length of stay in Baltimore 62 (Yrs. Mos. Days)			D. STREET ADDRESS (If rural, give location) 2734 BAKER STREET		
5. SEX M	6. COLOR OR RACE N	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH Aug. 23, 1889		9. AGE (In years last birthday) 62
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PLUMBER		10B. KIND OF BUSINESS OR INDUSTRY PLUMBER	11. BIRTHPLACE (State or foreign country) BALT. MD.		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME FRANK SCHLEICHER Const.			14. MOTHER'S MAIDEN NAME W TEXIA LANG		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 214-15-8730	17. INFORMANT WIFE		

18. 151X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
	(A) PERITONITIS	DUE TO	3 DAYS
	(B) GASTRIC RESECTION	DUE TO	5 days
ANTECEDENT CAUSES		(C) Carcinoma of Stomach	?
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION 11/3/51		19B. MAJOR FINDINGS OF OPERATION CARCINOMA OF STOMACH		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **NOV. 20**, 1951, to **NOV 7**, 1951, that I last saw the deceased alive on **NOV 7**, 1951, and that death occurred at **3:10 A** m., from the causes and on the date stated above.

23A. SIGNATURE William O. Bennett M. D.		23B. ADDRESS LUTHERAN HOSP.		23C. DATE SIGNED NOV 7, 1951	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24B. DATE 11-10-1951	24C. NAME OF CEMETERY OR CREMATORY New Cathedral Cem	24D. LOCATION (City, town, or county) (State) Old Frederick Rd - BALTO. MD		
DATE RECEIVED BY LOCAL REGISTRAR NOV 8 - 1951		REGISTRAR'S SIGNATURE William Williams, M.D.		25. FUNERAL DIRECTOR THOMAS J. KENNY ADDRESS 1600 HOLLINS ST.	

VS 150
57424
4613

MEDICAL CERTIFICATION

11-12-1911

11-10-1911

11-10-1911

Thomas J. Kennedy / 10. The Thomas
J. Kennedy / 10. The Thomas

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

51 9600

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) MAX NEUHOF		2. DATE OF DEATH 11-8-51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md B. COUNTY _____	
B. FULL NAME OF (If not in hospital or institution, give street address or location) 2819 Hilldale Ave		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 15-12	
c. Length of stay in Baltimore Yrs. _____ Mos. 11 Days _____		D. STREET ADDRESS (If rural, give location) 2819 Hilldale Ave	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 9. AGE (In years last birthday) 51 10. UNDER 1 Year Months: _____ Days: _____ 11. UNDER 24 Hours Hours: _____ Minutes: _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		10b. KIND OF BUSINESS OR INDUSTRY Ready to wear clothing (R)	
11. BIRTHPLACE (State or foreign country) Poland		12. CITIZEN OF WHAT COUNTRY? _____	
13. FATHER'S NAME Hegman		14. MOTHER'S MAIDEN NAME Sally	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) (Yes, no or unknown) _____		16. SOCIAL SECURITY NO. 17. INFORMANT Bertha Neuhoof ADDRESS same	

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Coronary Occlusion DUE TO (B) Hypertensive C-V disease DUE TO (C) _____	INTERVAL BETWEEN ONSET AND DEATH 4 Hours
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. _____	

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____		
21D. TIME (Month) (Day) (Year) (Hour) INJURY _____	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR? _____		

22. I hereby certify that I attended the deceased from April 1947 to 11/8, 1951, that I last saw the deceased alive on 11/8, 1951, and that death occurred at 12:30 a.m., from the causes and on the date stated above.

23A. SIGNATURE Edward J. Halline	23B. ADDRESS 1847 W. North Ave	23C. DATE SIGNED 11/8/51
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24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 11-9-51	24C. NAME OF CEMETERY OR CREMATORY Rosedale	24D. LOCATION (City, town, or county) (State) Balto Md
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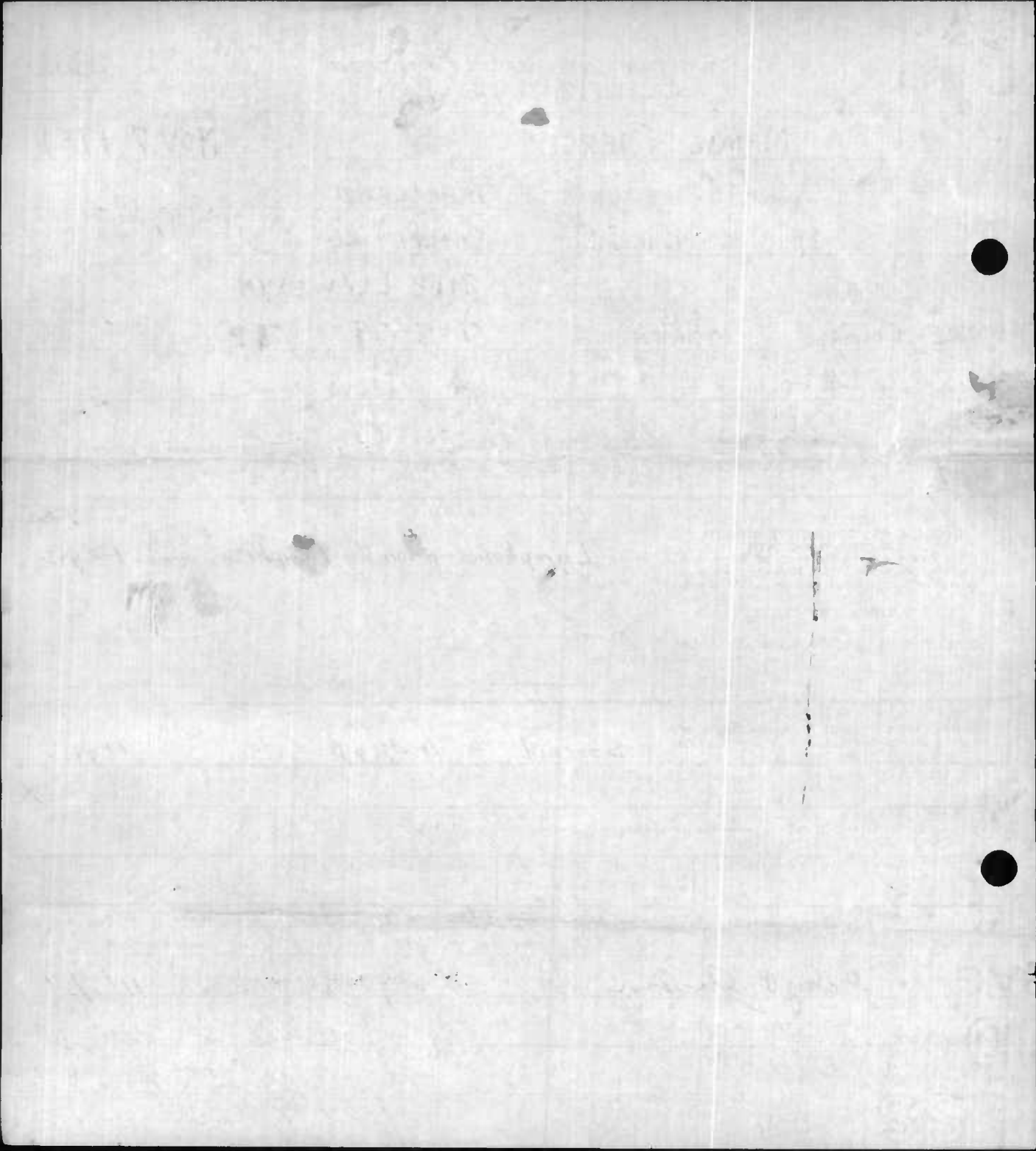
DATE RECEIVED BY LOCAL REGISTRAR NOV 8 - 1951	REGISTRAR'S SIGNATURE Matthew Williams, M.D.	25. FUNERAL DIRECTOR Jack Lewis ADDRESS 2100 Cutaw Pl
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MEDICAL CERTIFICATION

Kalline
1547 W North
La 4871

620
51 9601BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 9601
Registered No.

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
MAMIE PIERCE		NOV 7, 1951	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE B. COUNTY	
OSL-4		MARYLAND	
b. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)	
JOHNS HOPKINS HOSPITAL		BALTIMORE	
c. Length of stay in Baltimore		d. STREET ADDRESS (If rural, give location)	
Yrs. Mos. Days		2112 LLEWELYN	
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH
FEMALE	Colored	MARRIED	7-8-79
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		9. AGE (In years last birthday)	
housewife		72	
10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)	
		So Carolina	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
erry Nelson		Mary Ellen	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT		ADDRESS	
JOHNS HOPKINS HOSPITAL			
18. CAUSE OF DEATH			INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)			
(A) Lymphoma - probably lymphosarcoma			1-2 yrs.
DUE TO			
ANTECEDENT CAUSES			
(B)			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			
DUE TO			
(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
Sarcoid & HASTID			24 yrs.
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY?			
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21d. TIME (Month) (Day) (Year) (Hour) INJURY		21e. INJURY OCCURRED	
		WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> m. WORK AT WORK	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 9-11-1951, to 11-7-1951, that I last saw the deceased alive on 11-7-1951, and that death occurred at 4:30 Am., from the causes and on the date stated above.			
23a. SIGNATURE		23b. ADDRESS	
Dudley P. Jackson M. O.		JOHNS HOPKINS HOSPITAL	
23c. DATE SIGNED			
11/7/51			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE	
Removal		Nov. 9 / 51	
24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State)	
Rockhill		S Carolina	
DATE RECEIVED BY LOCAL REGISTRAR		25. FUNERAL DIRECTOR	
NOV 8 - 1951		Mrs Robert A. Elliott & Daughter	
VS 150		1129 N. Caroline St. 55E	



252
51 9602

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 9602
Registered No.

1. NAME OF DECEASED (Type or Print) AUTHUR P. LIKENS		2. DATE OF DEATH Nov. 7, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Md. B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) 844 Konig St.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
C. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 844 Konig St.	
5. SEX Male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Jan. 17, 1906
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) truck driver		10B. KIND OF BUSINESS OR INDUSTRY Retail Grocery	9. AGE (In years last birthday) 45 If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME John Likens		14. MOTHER'S MAIDEN NAME Pearl Blunt	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 215-01-0436	
17. INFORMANT		ADDRESS Mrs. Mary M. Likens-844 Konig St.	

18. 260X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary Thrombosis (A) DUE TO		INTERVAL BETWEEN ONSET AND DEATH 4/7/51 11/7/51 5-10 yrs.
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) Diabetes Mellitus DUE TO		
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. 'AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	

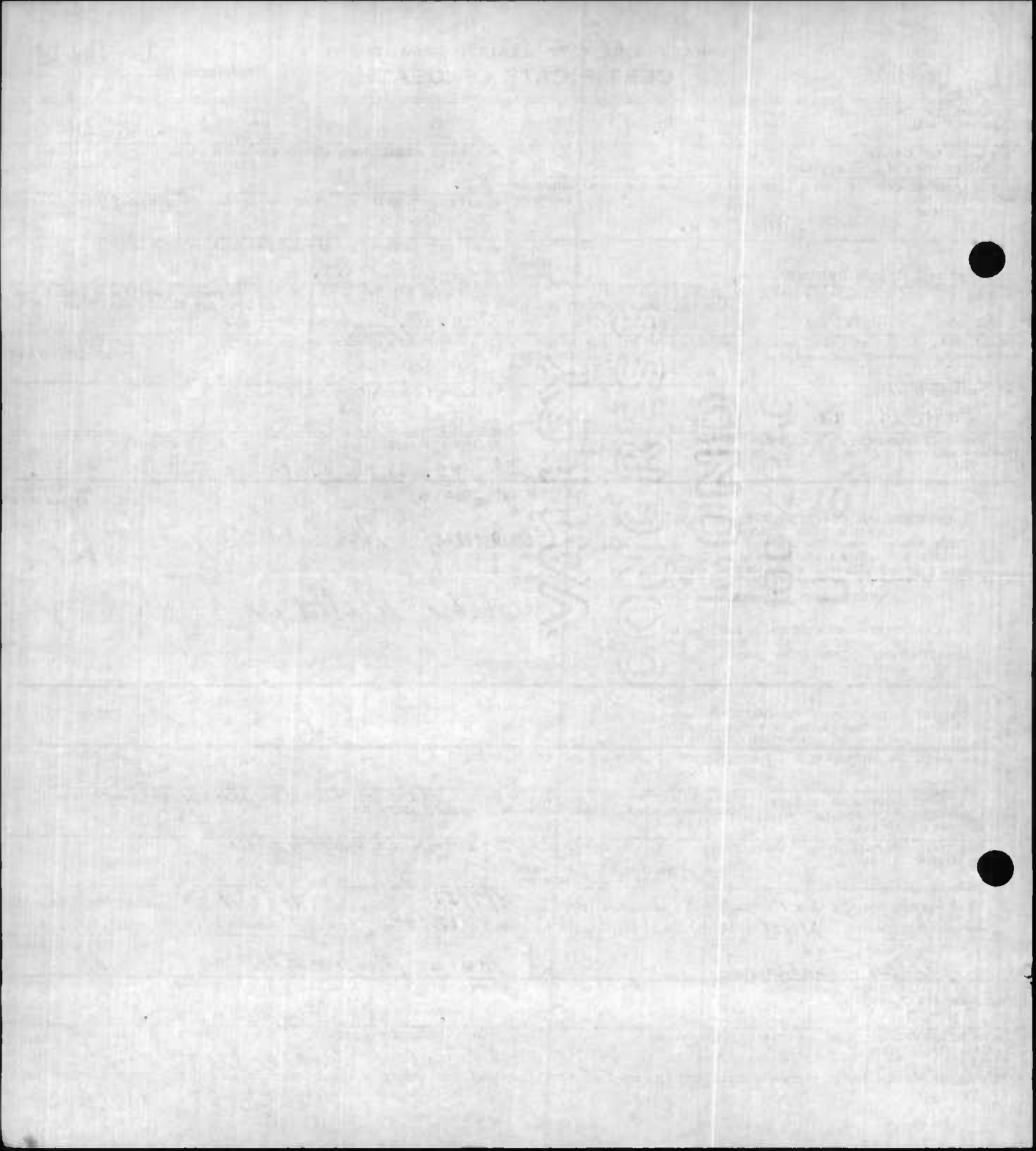
22. I hereby certify that I attended the deceased from **4/7/51**, 19__, to **11/7/51**, 19__, that I last saw the deceased alive on **6/1/51**, 19__ and that death occurred at **12:30 P.m.**, from the causes and on the date stated above.

23A. SIGNATURE Max Bacon		23B. ADDRESS 15014 Milton Ave		23C. DATE SIGNED 11/8/51	
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24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 11/10/51		24C. NAME OF CEMETERY OR CREMATORY Woodlawn Cem.		24D. LOCATION (City, town, or county) (State) Woodlawn, Md.	
DATE RECEIVED BY LOCAL REGISTRAR NOV 8 - 1951		REGISTRAR'S SIGNATURE Wm. J. Tinkner		25. FUNERAL DIRECTOR Wm. J. Tinkner		ADDRESS Balto mnd 61	

VS 150
683 6C

MEDICAL CERTIFICATION



- 415
51 9603BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 9603
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Reverend Arthur B. Sullivan</i>		2. DATE OF DEATH <i>11-7-51</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>6420 Reisterstown Road</i>		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Connecticut</i> B. COUNTY <i>Hartford</i>	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>The Seton Institute</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Hartford</i> <i>V-16</i>	
C. Length of stay in Baltimore <i>12 yrs., 4 mo., 15 da</i>		D. STREET ADDRESS (If rural, give location) <i>140 Farmington Avenue</i>	
5. SEX <i>M</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>single</i>	8. DATE OF BIRTH <i>JULY 4 1902</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Catholic Priest</i>		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <i>49</i>
13. FATHER'S NAME <i>Timothy M. Sullivan</i>		11. BIRTHPLACE (State or foreign country) <i>New Haven, Connecticut</i>	12. CITIZEN OF WHAT COUNTRY?
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <i>The Seton Institute</i>

18. <i>300.7</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Status Epilepticus</i>	CAUSE OF DEATH (A) <i>Status Epilepticus</i> DUE TO (B) <i>Chr. Myocardial Insufficiency</i> DUE TO (C) <i>Schizophrenia - Epileptic Con -</i> <i>Vulcians occurring after Insulin treat.</i>	INTERVAL BETWEEN ONSET AND DEATH <i>10 days</i> <i>3 yrs.</i> <i>in 1938</i>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>0</i>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Aug. 1, 1951*, to *Nov. 7, 1951*, that I last saw the deceased alive on *Nov. 7, 1951*, and that death occurred at *10:54 a.m.*, from the causes and on the date stated above.

23A. SIGNATURE <i>Ernest Lewis, M.D.</i>	23B. ADDRESS <i>6420 Reisterstown Rd</i>	23C. DATE SIGNED <i>Nov. 7, 1951</i>
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24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	24B. DATE <i>Nov 9-51</i>	24C. NAME OF CEMETERY OR CREMATORY <i>St. Lawrence</i>	24D. LOCATION (City, town, or county) (State) <i>West Haven - Conn.</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>NOV 8 - 1951</i>	REGISTRAR'S SIGNATURE <i>Wm. Williams</i>	25. FUNERAL DIRECTOR <i>Stewart & Mowbray Co.</i>	ADDRESS <i>108 W. North Ave</i>

1844

Handwritten signature

1911

1891-1892

12-10-1941

2. 5.

2000-2001 1st semester

6-22-2008

1944

452
9604BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 9604

BIRTH NO.

1. NAME OF DECEASED (Type or Print) JAMES BLANKS			2. DATE OF DEATH Nov. 6, 1951		
3. PLACE OF DEATH: a. Baltimore City, Maryland Balt.			4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE Maryland B. COUNTY Baltimore		
b. FULL NAME OF HOSPITAL OR INSTITUTION Maryland General Hosp			c. CITY OR TOWN Baltimore		
c. Length of stay in Baltimore 30 yrs			d. STREET ADDRESS (If rural, give location) 1021 Morris Street #1		
S. SEX male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH March 16, 1880		9. AGE (In years, last birthday) 71
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer		10b. KIND OF BUSINESS OR INDUSTRY Hauling	11. BIRTHPLACE (State or foreign country) North Carolina		12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME Unknown			14. MOTHER'S MAIDEN NAME Unknown		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No.		16. SOCIAL SECURITY NO.	17. INFORMANT Olivia Blanks Morris ADDRESS 1021 Morris St.		

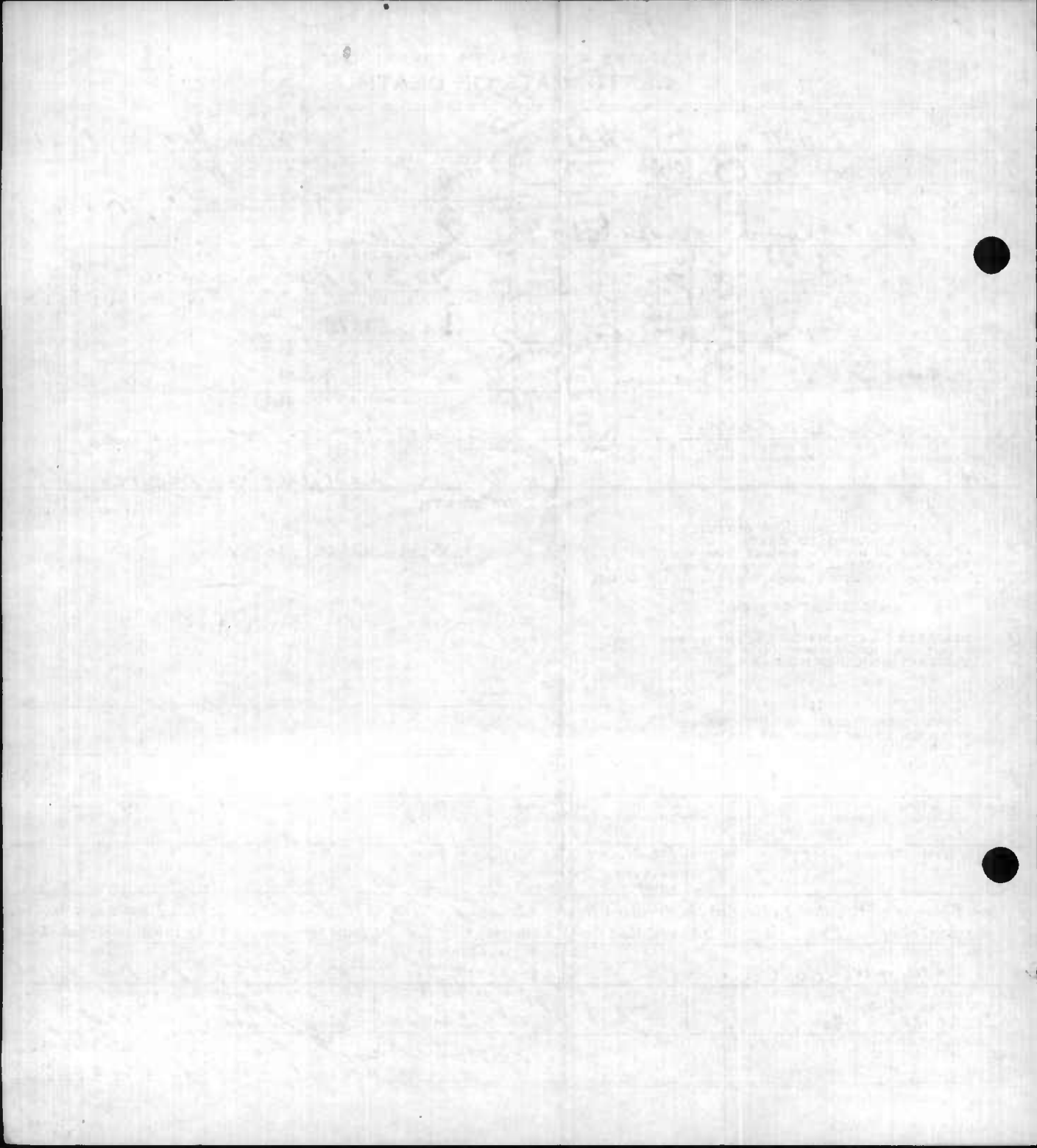
18. 153 X	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) intestinal bleeding DUE TO	
ANTECEDENT CAUSES	(B) carcinoma of the sigmoid colon DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19a. DATE OF OPERATION 0	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

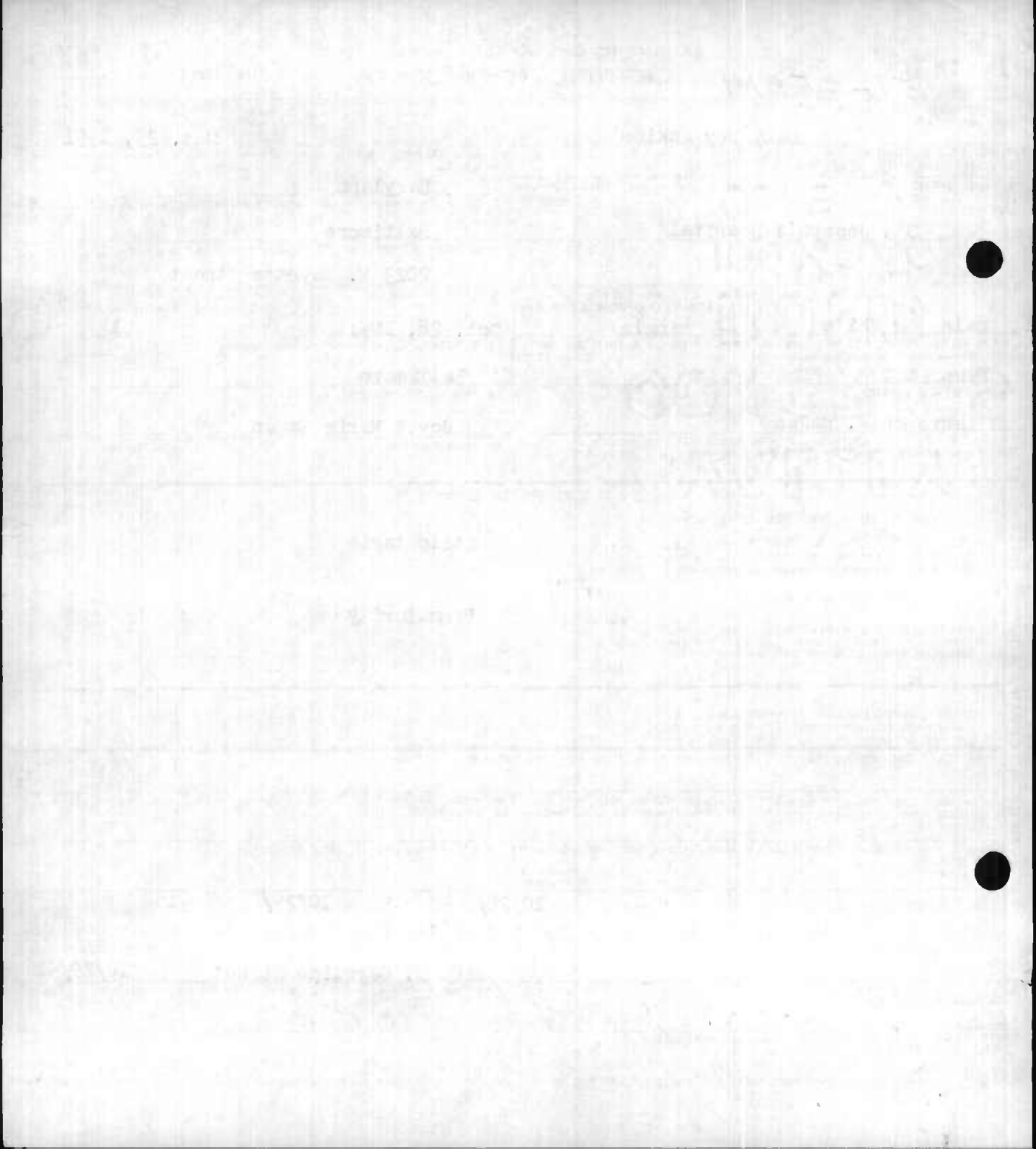
22. I hereby certify that I attended the deceased from **Oct 27, 1951** to **Nov. 6, 1951** that I last saw the deceased alive on **Nov. 6, 1951**, and that death occurred at **4:30 p.m.** from the causes and on the date stated above.

23a. SIGNATURE **Lulu B. Bohair** M. D. **Maryland Gen Hosp** 23b. ADDRESS **Nov 6, 1951** 23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Nov. 11, 1951	24c. NAME OF CEMETERY OR CREMATORY Mt. Calvary	24d. LOCATION (City, town, or county) (State) Baltimore, Md.
DATE RECEIVED BY LOCAL REGISTRAR NOV 8 - 1951	REGISTRAR'S SIGNATURE W. J. Williams, Jr.	25. FUNERAL DIRECTOR Wallace General Home ADDRESS 1631 Summit Hill Ave.	



25		Tavin - Mata stillborn #37337		BALTIMORE CITY HEALTH DEPARTMENT		51 9605	
51 9605		BIRTH NO. 51-25314		CERTIFICATE OF DEATH		Registered No. 51 9605	
1. NAME OF DECEASED (Type or Print)				2. DATE OF DEATH			
Baby Boy Adkins				Oct. 29, 1951			
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
B. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital				A. STATE Maryland			
C. Length of stay in Baltimore				B. COUNTY Baltimore			
5. SEX Male				6. COLOR OR RACE White			
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single				8. DATE OF BIRTH Oct. 28, 1951			
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None				11. BIRTHPLACE (State or foreign country) Baltimore			
13. FATHER'S NAME Lawrence W. Ragan				12. CITIZEN OF WHAT COUNTRY? 1			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)				16. SOCIAL SECURITY NO. Joyce Marie Ragan			
17. INFORMANT				ADDRESS			
18. CAUSE OF DEATH				INTERVAL BETWEEN ONSET AND DEATH			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Atelectasis							
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Prematurity							
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
19A. DATE OF OPERATION				19B. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH				21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)							
21D. TIME (Month) (Day) (Year) (Hour) INJURY				21E. INJURY OCCURRED			
21F. HOW DID INJURY OCCUR?							
22. I hereby certify that I attended the deceased from 10/28/1951, to 10/29/1951, that I last saw the deceased alive on 10/29/1951, and that death occurred at 10:10AM, from the causes and on the date stated above.							
23A. SIGNATURE J. J. C. [Signature]				23B. ADDRESS 1400 N. Caroline Street			
23C. DATE SIGNED 10/29/51							
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial				24B. DATE 11-9-51			
24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer				24D. LOCATION (City, town, or county) (State) Baltimore Md			
DATE RECEIVED BY LOCAL REGISTRAR				REGISTRAR'S SIGNATURE L. J. Luck			
25. FUNERAL DIRECTOR L. J. Luck				ADDRESS 5305 Harford Rd			
NOV 8 1951				VS 150			



241
51 9606

Mc Killop
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 9606
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>James E. Mc Killop</i>		2. DATE OF DEATH <i>Nov. 6-1951</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>27-05</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>3118 Hoodhome Ave</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
C. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>3118 Hoodhome Ave</i>	
5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>June 7-1874</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Printer</i>		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (in years last birthday) <i>77</i>
13. FATHER'S NAME <i>James Mc Killop</i>		11. BIRTHPLACE (State or foreign country) <i>Scotland</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY?	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME <i>MAHON</i>	
17. INFORMANT <i>Mrs. Anne Mc Killop</i>		ADDRESS <i>3118 Hoodhome</i>	

18. <i>260X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH (A) <i>Diabetic Coma</i> DUE TO (B) <i>Diabetes Mellitus</i> DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH <i>11/4/51</i> <i>5/1/45</i>
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19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Nov 1 1951</i> to <i>Nov 6 1951</i> , that I last saw the deceased alive on <i>Nov 6 1951</i> , and that death occurred at <i>8:45 A.M.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>William J. Rosner</i>		23B. ADDRESS <i>801 E. Kenwood Ave</i>		23C. DATE SIGNED <i>Nov 7 51</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>11/9/51</i>		24C. NAME OF CEMETERY OR CREMATORY <i>New Cathedral</i>	
24D. LOCATION (City, town, or county) (State) <i>Baltimore Md</i>		25. FUNERAL DIRECTOR <i>L. J. Luck</i>		ADDRESS <i>5305 Harford Rd</i>	

DATE RECEIVED BY LOCAL REGISTRAR
NOV 8 - 1951

REGISTRAR'S SIGNATURE
William J. Rosner

MEDICAL CERTIFICATION

Dr. Ryanck.
801 N Kenwood

530
9607BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 9607

1. NAME OF DECEASED
(Type or Print)

Charles Roy Heant

2. DATE
OF
DEATH

Nov. 5-1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

Maryland General

Yrs.
Mos.
Days

C. Length of stay in Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

2800 Halcyon Ave

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

May 4-1885

9. AGE (In years last birthday)

66

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Executive Adm.

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Carroll Co. Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

John Frank Heant

14. MOTHER'S MAIDEN NAME

Jennie Koons

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Edna C. Heant, 2800 Halcyon

18. 4201

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary occlusion

1/2 hr.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Anteroseptic CVD disease

9 years

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 20, 1942 to Nov. 5, 1951 that I last saw the deceased alive on Oct 30, 1951, and that death occurred at 11 A. m., from the causes and on the date stated above.

23A. SIGNATURE

H. W. H. Greener

23B. ADDRESS

M. D. 1520 E. 33rd St.

23C. DATE SIGNED

11.6.51.

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

11-8-51

24C. NAME OF CEMETERY OR CREMATORY

Woodlawn

24D. LOCATION (City, town, or county)

Balt Md

(State)

DATE RECEIVED BY LOCAL REGISTRAR

NOV 8 - 1951

REGISTRAR'S SIGNATURE

C. J. Williams, M.D.

25. FUNERAL DIRECTOR

L. J. Ruck

ADDRESS

5305 Harford Rd.

Dr. Grenzer
1520 F 33rd.

200

1 9608

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 9608

Registered No.

1. NAME OF DECEASED (Type or Print) Mary E. Rice		2. DATE OF DEATH Nov. 6, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) A. STATE Maryland B. COUNTY	
8. FULL NAME OF HOSPITAL OR INSTITUTION 2004 Barclay St.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 2004 Barclay St.	
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 4, 1891
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 60
13. FATHER'S NAME Samuel Edmonds		11. BIRTHPLACE (State or foreign country) Virginia	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME Unknown	
17. INFORMANT Mr. Cornelius Rice		ADDRESS 2004 Barclay St.	
18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral Vascular Disease DUE TO CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH 1 year			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (a. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from June 1, 1951 to Nov 6, 1951 , that I last saw the deceased alive on Nov 6, 1951 , and that death occurred at 7:30 p. m. , from the causes and on the date stated above.			
23A. SIGNATURE W. H. H. H.		23B. ADDRESS 5156 Kenton	
23C. DATE SIGNED 11/7/51			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 11-9-51	24C. NAME OF CEMETERY OR CREMATORY Mt. Calvary Cem	24D. LOCATION (City, town, or county) (State) Anne Arundel Co., Md.
DATE RECEIVED BY LOCAL REGISTRAR NOV 8 - 1951	REGISTRAR'S SIGNATURE William Williams	FUNERAL DIRECTOR Miss Frances B. Hensley	
		ADDRESS 578 W. Biddle St.	

10/1/11

10/1/11

10/1/11

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

51 9609

Registered No. _____

BIRTH NO. 9609

1. NAME OF DECEASED (Type or Print) Sallie L. Hubbard.			2. DATE OF DEATH Nov. 5. 1951.		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Md. B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION 4012 Northern Parkway.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore.		
c. Length of stay in Baltimore Life.			D. STREET ADDRESS (If rural, give location) 4012 Northern Parkway.		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow.	8. DATE OF BIRTH Jan. 31. 1870.		9. AGE (In years last birthday) 81.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife,		10B. KIND OF BUSINESS OR INDUSTRY Own Home.	11. BIRTHPLACE (State or foreign country) Balto City.		12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME Oden J Byrd.			14. MOTHER'S MAIDEN NAME Parker.		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No.		16. SOCIAL SECURITY NO. none.	17. INFORMANT ADDRESS Miss Vida Byrd. 4012 Northern Pkwy.		

18. 331X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH (A) Cerebral Hemorrhage DUE TO (B) Hypertension DUE TO (C) Arterio-sclerosis		INTERVAL BETWEEN ONSET AND DEATH 2 weeks 5 yrs 5 yrs
---	--	---	--	--

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from _____, 19____, to Nov. 5, 1951 , that I last saw the deceased alive on 11/5/51 , 19____, and that death occurred at 11:55 m., from the causes and on the date stated above.					
23A. SIGNATURE E. J. Byrd		23B. ADDRESS W. O. O'Connell Ave		23C. DATE SIGNED	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 11. 8. 1951.		24C. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery.	
24D. LOCATION (City, town, or county) Balto.		24E. STATE Md.		25. FUNERAL DIRECTOR ADDRESS Lassahn Funeral Home 7401 Belair Rd.	
DATE RECEIVED BY LOCAL REGISTRAR NOV 8 - 1951		REGISTRAR'S SIGNATURE H. J. Byrd		25. FUNERAL DIRECTOR ADDRESS Lassahn Funeral Home 7401 Belair Rd.	

STATE OF TEXAS
COUNTY OF DALLAS

Know all men by these presents, that

for and in consideration of the sum of

the sum of

the sum of

the sum of

the sum of

the sum of

the sum of

the sum of

the sum of

the sum of

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the sum of

the sum of

the sum of

250
9610BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 9610

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Jackson, Lillian

2. DATE
OF
DEATH

11.6.51

3. PLACE OF DEATH:

a. Baltimore City, Maryland

Balto.

b. FULL NAME OF
HOSPITAL OR
INSTITUTION

Provident Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

Md.

B. COUNTY

c. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Balto.

d. STREET ADDRESS (If rural, give location)

646 Perkins Ave

c. Length of stay in Baltimore

30yrs

Yrs.
Mos.
Days

5. SEX

Fe

6. COLOR OR RACE

—

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

1.1.1898

9. AGE (In years
last birthday)

52

11 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10a. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Laundress

10b. KIND OF BUSINESS OR
INDUSTRY

Laundry

11. BIRTHPLACE (State or foreign country)

Cambridge Md

12. CITIZEN OF
WHAT COUNTRY?

U.S.A

13. FATHER'S NAME

James Jackson

14. MOTHER'S MAIDEN NAME

Mary

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

No

16. SOCIAL
SECURITY NO.

213-01-8996

17. INFORMANT

ADDRESS

Nathaniel Coleman-1843 Druid Hill

18. 434.11

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Chr. Cong. Heart Failure

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN
ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21a. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21b. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21d. TIME (Month) (Day) (Year) (Hour)
INJURY

21e. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10.2, 1951, to 11.6, 1951, that I last saw the
deceased alive on 11.5, 1951, and that death occurred at 7:40 A. m., from the causes and on the date stated above.

23a. SIGNATURE

G. Goniondakis

M. D.

23b. ADDRESS

Provident Hospital

23c. DATE SIGNED

11.6.51

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24b. DATE

11/10/51

24c. NAME OF CEMETERY OR CREMATORY

Mt/ Calvary Cem.

24d. LOCATION (City, town, or county)

A.A. County, MD.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

NOV 8 - 1951

William Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

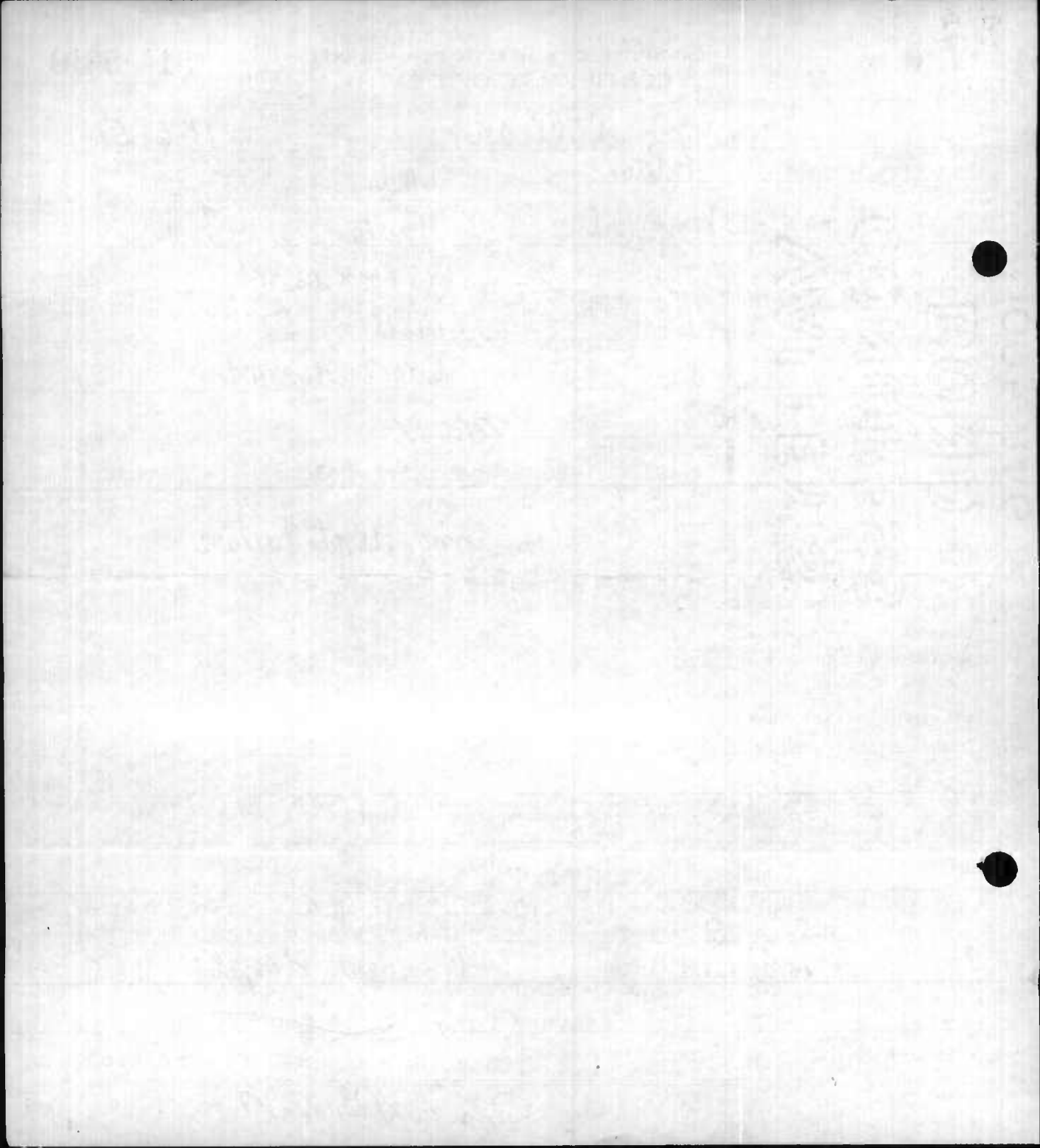
Chas. G. Cooper-512 Carrollton Av.

VS 150

643 8C Charles G. Cooper

92E

MEDICAL CERTIFICATION



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **51 9611**

BIRTH NO.

1. NAME OF DECEASED (Type or Print) WILLIAM MORGAN		2. DATE OF DEATH Nov. 1, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Provident Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
C. Length of stay in Baltimore 17yrs Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 564 Dolphin Street	
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 12/31/1903
9. AGE (In years last birthday) 47		10. CITIZEN OF WHAT COUNTRY? U.S.A.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Foreman		10B. KIND OF BUSINESS OR INDUSTRY Construction	
11. BIRTHPLACE (State or foreign country) Pa.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 220-03-9398	
17. INFORMANT Julia Morgan		ADDRESS 564 Dolphin St.	

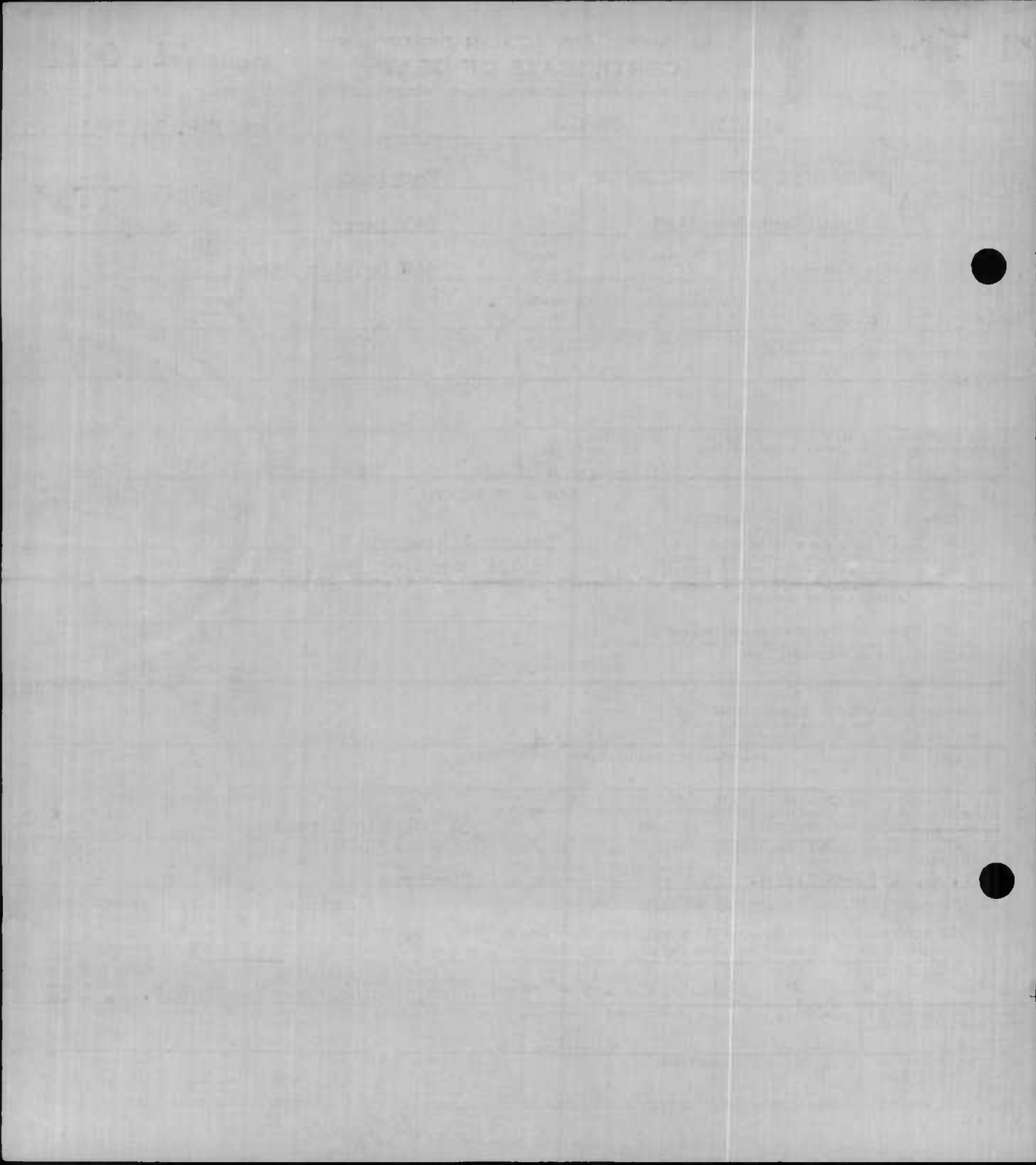
18. E981X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Internal hemorrhage DUE TO bullet wound of chest		INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) House	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 564 Dolphin Street		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY Nov. 1, 1951-early A.	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? Firearms		
22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input checked="" type="checkbox"/> , undetermined <input type="checkbox"/> .				
23A. SIGNATURE <i>Stanley S. Dunsicker</i>		23B. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER M.D.		23C. DATE SIGNED Nov. 1, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 11/8/51	24C. NAME OF CEMETERY OR CREMATORY Mt. Auburn Cemetery	24D. LOCATION (City, town, or county) (State) Balto. Md.
DATE RECEIVED BY LOCAL REGISTRAR NOV 8 - 1951		25. FUNERAL DIRECTOR ADDRESS Chas. G. Cooper-512 Carrollton Av.	

VS 151

N-8624 523 24 Chas. G. Cooper 166



542

1 9612

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 9612

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Anna Chmielewski

2. DATE
OF
DEATH

Nov. 7-1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Balto. City

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

2105 Moyer St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto. City

D. STREET ADDRESS (If rural, give location)

2105 Moyer St

c. Length of stay in Baltimore

47

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Poland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Stella Dulin 2105 Moyer St.

18. 470.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Coronary thromboses

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

6 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Hypertension

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE
WORK AT WORK

22. I hereby certify that I attended the deceased from 11/1/51, 19, to 11/7/51, 19, that I last saw the deceased alive on 11/6/51, 19, and that death occurred at 12:05 P. m., from the causes and on the date stated above.

23A. SIGNATURE

Way Baum

23B. ADDRESS

M. D.

1501 N. Milton Ave

23C. DATE SIGNED

11/8/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

Nov. 10-1951

Holy Rosary

Balto. Co.

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

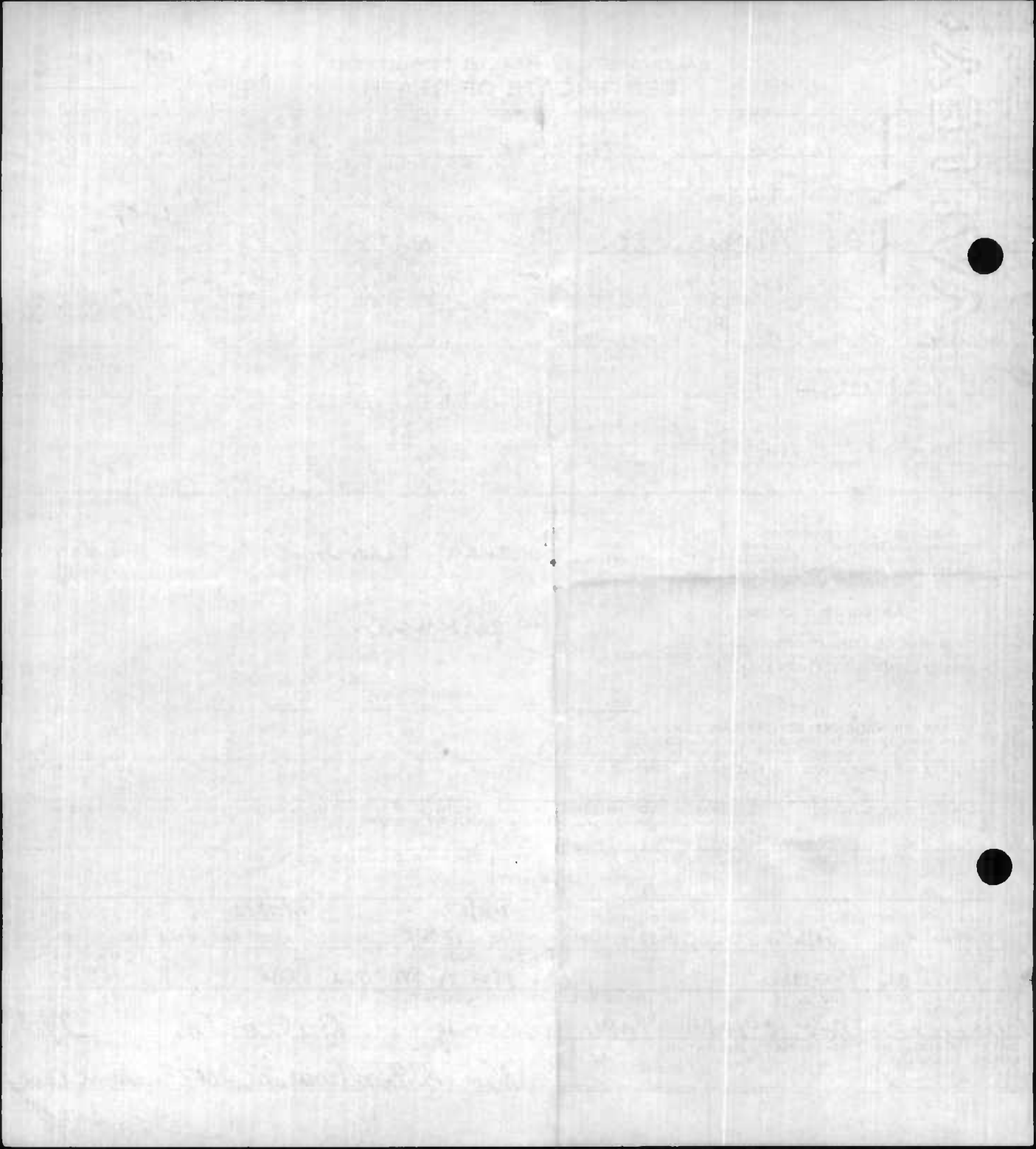
25. FUNERAL DIRECTOR

ADDRESS

NOV 8 - 1951

Wm. S. Fialkowski

2007 Eastern Ave



320
51

9613

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 9613
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

RUSSELL

WATTS

2. DATE
OF
DEATH

November 2, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Franklin Square Hospital

Yrs.
Mos.
Days

Length of stay in Baltimore

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

19 N. Vincent Street

5. SEX

Male

6. COLOR OR RACE

Col.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

9. AGE (In years
last birthday)

75

H Under 1 Year
Months; DaysH Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Jobber

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

St. Mary, Maryland

12. CITIZEN OF
WHAT COUNTRY

13. FATHER'S NAME

Brisco Watts

14. MOTHER'S MAIDEN NAME

Lizzie Barnes

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

No.

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Lucy Wright, 19 N. Vincent Street

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Skull fracture

~~NO TOX~~

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Contusion of brain

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING OR CONTRIB-
UTING CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

Home

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

19 N. Vincent Street

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

Nov. 2, 1951 12:00 noon

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☒

21F. HOW DID INJURY OCCUR?

Slipped and fell down stairs

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
M.D. MEDICAL INVESTIGATOR ☐23C. DATE SIGNED
Nov. 3, 195124A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

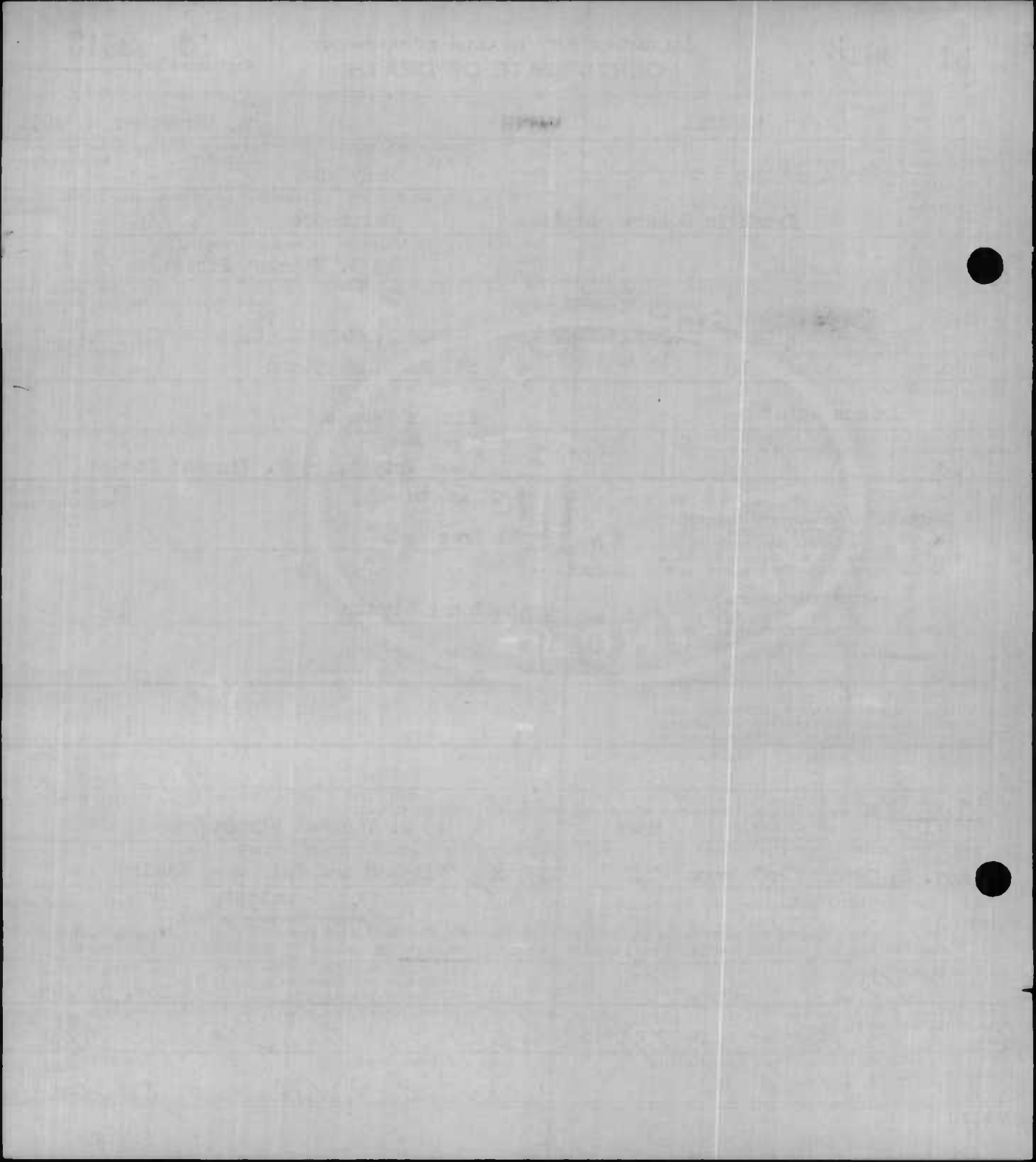
(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS



412

51 9614

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 9614
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		Alberta Phillips		Nov. 6, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
B. FULL NAME OF HOSPITAL OR INSTITUTION				A. STATE	
320 N. Schroeder St.				Maryland	
C. Length of stay in Baltimore				B. COUNTY	
Life				18-02	
5. SEX		6. COLOR OR RACE		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	
Female		Col.		Widow	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		8. DATE OF BIRTH	
House wife				March 6, 1896	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		9. AGE (In years, last birthday)	
Robert Cornish		Hester ?		60	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		11. BIRTHPLACE (State or foreign country)	
No				Baltimore Md.	
17. INFORMANT		17. ADDRESS		12. CITIZEN OF WHAT COUNTRY?	
Camille F. White		320 N. Schroeder		U.S.A.	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)				INTERVAL BETWEEN ONSET AND DEATH	
490X I Lobar Pneumonia				3 weeks	
18. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.					
II Gastric Ulcer					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?	
				YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED		21F. HOW DID INJURY OCCUR?	
		WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
22. I hereby certify that I attended the deceased from Sept 6, 1951, to Nov. 6, 1951, that I last saw the deceased alive on Nov. 6, 1951, and that death occurred at 7 P.M., from the causes and on the date stated above.					
23A. SIGNATURE		23B. ADDRESS		23C. DATE SIGNED	
Dolph W. Becking, Jr.		415 N. Gibson St.		11/7/51	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
Burial		Nov. 9, 1951		Mt. Pleasant Cem.	
24D. LOCATION (City, town, or county)		24E. FUNERAL DIRECTOR		24F. ADDRESS	
Baltimore		Mrs. Katie R. Williams		322 N. Schroeder St.	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR	
Nov 8 1951		[Signature]		Mrs. Katie R. Williams	

MEDICAL CERTIFICATION

10-14-61

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

51 9615
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WILLIAM

PLUMMER

2. DATE
OF
DEATH

November 5, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

Franklin Square Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

421 N. Carrollton Avenue

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

December 10, 1892

9. AGE (in years last birthday)

58

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR INDUSTRY

Gen

11. BIRTHPLACE (State or foreign country)

Georgia

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13. FATHER'S NAME

Cesar Plummer

14. MOTHER'S MAIDEN NAME

Ella Rozell

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

Unknown

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Ella Plummer, 421 Carrollton Avenue

18. 443x

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Hypertensive cardiovascular disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐

23A. SIGNATURE

Vicente Chaves

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☒

23C. DATE SIGNED
Nov. 6, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Nov. 9, 1951

24C. NAME OF CEMETERY OR CREMATORY

mt. Auburn

24D. LOCATION (City, town, or county)

Balto.

(State)

Md.

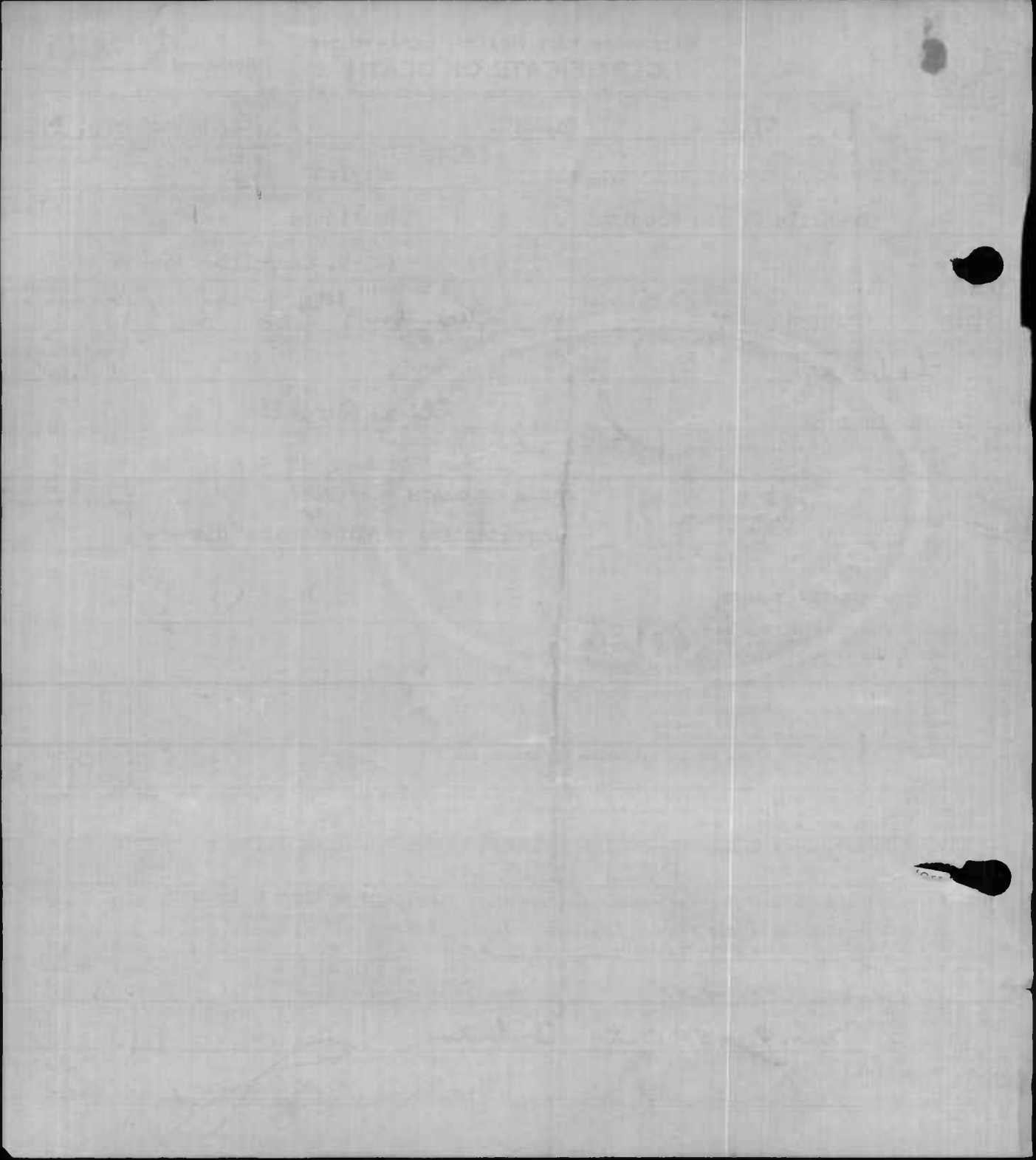
DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Mrs. Kate B. Williams, Schodunsky



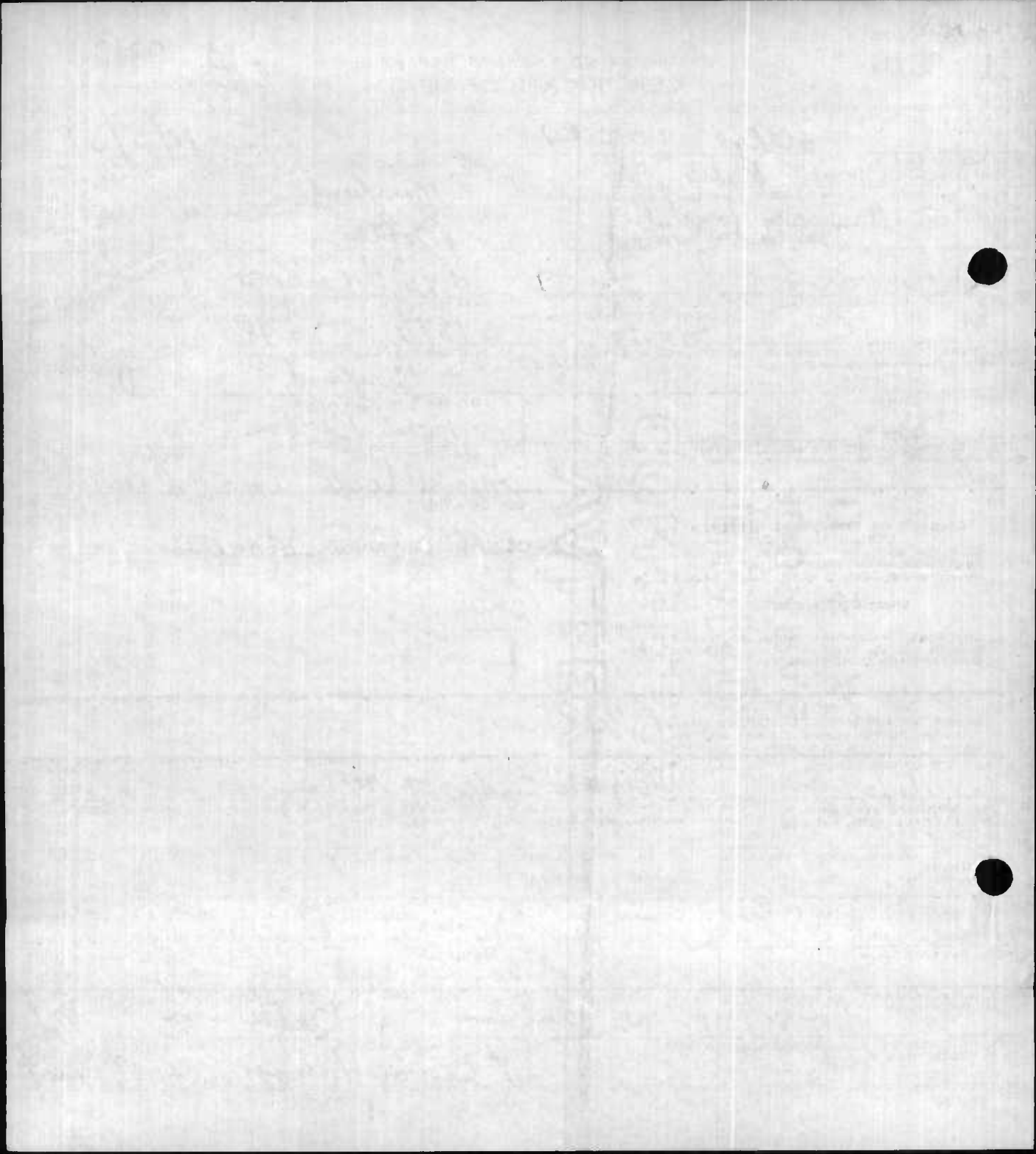
-600
51 9616BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 9616
Registered No.

BIRTH NO.			1. NAME OF DECEASED (Type or Print) GEORGE LOWERY			2. DATE OF DEATH 11/5/51					
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto., Md.						4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY					
B. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital Lombard & Guilford ST.						C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto.					
C. Length of stay in Baltimore						D. STREET ADDRESS (If rural, give location) 1145 N. Carey St 16-01					
5. SEX M		6. COLOR OR RACE C		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) SINGLE		8. DATE OF BIRTH 1873		9. AGE (In years last birthday) 78		If Under 1 Year Months: Days If Under 24 Hours Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None				10B. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME Henry						14. MOTHER'S MAIDEN NAME Arsale Borton					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) Unknown				16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Annie Price 1145 N. Carey St					

18. 154X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Properable carcinoma of rectum DUE TO (A) Properable carcinoma of rectum (B) Properable carcinoma of rectum (C) Properable carcinoma of rectum		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) Properable carcinoma of rectum (C) Properable carcinoma of rectum					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

19A. DATE OF OPERATION 11/1/51		19B. MAJOR FINDINGS OF OPERATION Properable Carc. of rectum		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Oct 11 , 1951, to Oct 5 , 1951, that I last saw the deceased alive on Oct 5 , 1951, and that death occurred at 8:30 A m., from the causes and on the date stated above.					
23A. SIGNATURE J. B. Carey		23B. ADDRESS University Hospital Baltimore		23C. DATE SIGNED Nov 7, 1951	

24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE Nov 8 - 1951		24C. NAME OF CEMETERY OR CREMATORY Int. Auburn		24D. LOCATION (City, town, or county) Baltimore Md.	
DATE RECEIVED BY LOCAL REGISTRAR Nov 8 - 1951		REGISTRAR'S SIGNATURE W. H. Hall		25. FUNERAL DIRECTOR W. A. Brooks (Ruggold)		ADDRESS 14637 N. Carey St	



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

51 9617
Registered No.

51 9617
BIRTH NO.

1. NAME OF DECEASED (Type or Print) HENRIETTA HICKS			2. DATE OF DEATH November 7, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) 1709 Westwood Street			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
D. STREET ADDRESS (If rural, give location) 1709 Westwood Street			E. LENGTH OF STAY IN BALTIMORE Life		
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) W	8. DATE OF BIRTH 5/30/77		9. AGE (In years last birthday) 74
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ho. W.			10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Mo.
12. CITIZEN OF WHAT COUNTRY? U. S. A.			13. FATHER'S NAME Daniel Deeden		
14. MOTHER'S MAIDEN NAME Annie Burk			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no		
16. SOCIAL SECURITY NO. none			17. INFORMANT ADDRESS Anna Traylor 1709 Westwood Ave.		

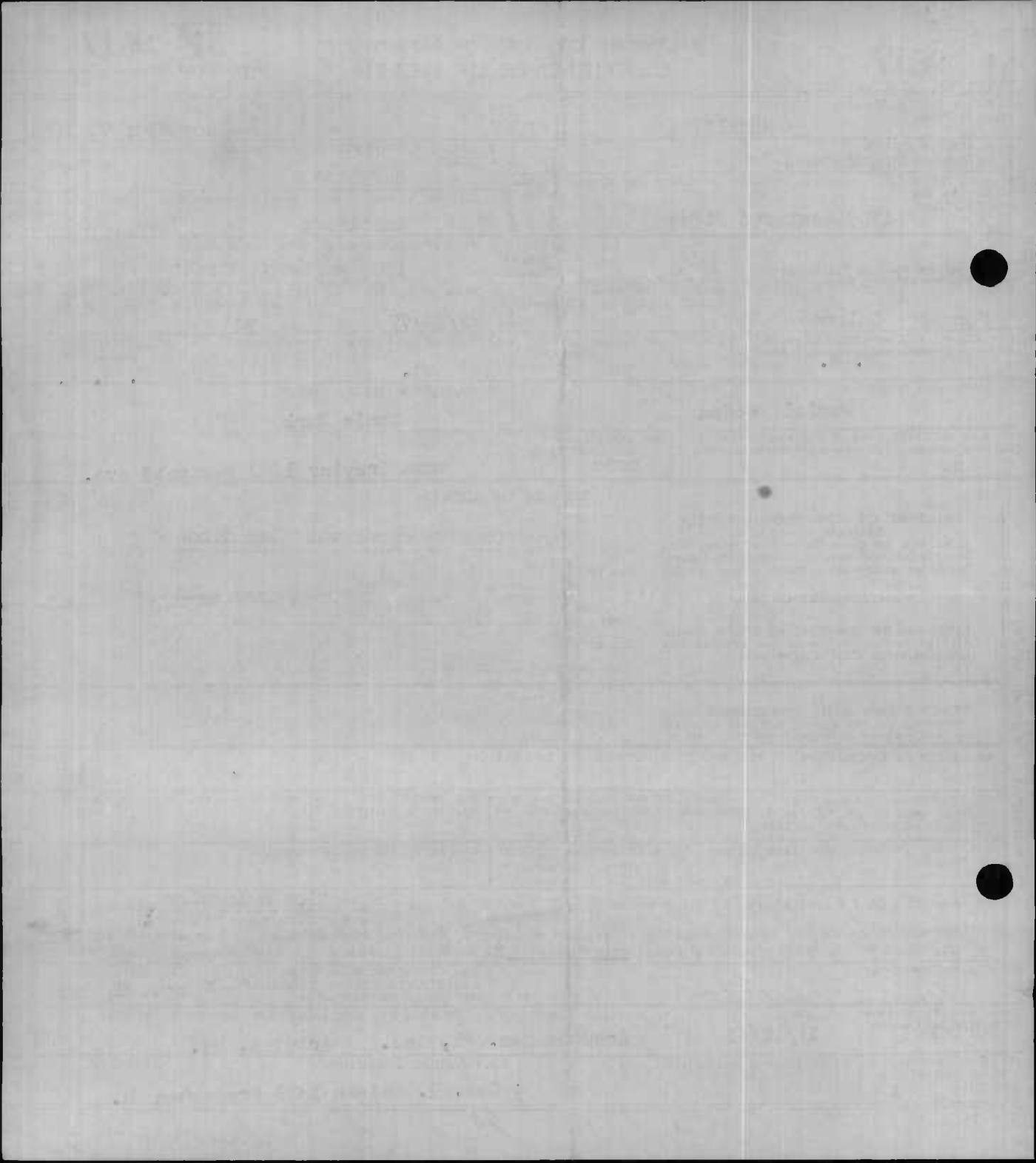
18. 443x I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Hypertensive cardiovascular disease DUE TO (A) (B) (C)		INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) (Minute) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?			

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <i>William W. [Signature]</i>		23B. CHIEF MEDICAL EXAMINER..... <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input checked="" type="checkbox"/> M.D. MEDICAL INVESTIGATOR..... <input type="checkbox"/>		23C. DATE SIGNED Nov. 8, 1951	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 11/10/51	24C. NAME OF CEMETERY OR CREMATORY Arbutus Mem. Pk, Inc.		24D. LOCATION (City, town, or county) (State) Arbutus, Md.	

DATE RECEIVED BY LOCAL REGISTRAR NOV 8 - 1951		REGISTRAR'S SIGNATURE <i>[Signature]</i>		25. FUNERAL DIRECTOR ADDRESS Geo. G. Kelson 1303 Presstman St. 937 <i>Geo. G. Kelson</i>	
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642
51 9618BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 9618
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

SALLIE BROWN FROELICH

2. DATE
OF DEATH Nov. 6, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

3800 Egerton Rd.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE
MD.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

3800 Egerton Rd.

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
widowed

8. DATE OF BIRTH

Aug. 7, 1867

9. AGE (in years last birthday)

74

10. Under 1 Year
Months: Days: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY
no

11. BIRTHPLACE (State or foreign country)

Pennsylvania

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Henry F. Brown

14. MOTHER'S MAIDEN NAME

Catherine Fischer

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)
no16. SOCIAL
SECURITY NO.
no17. INFORMANT ADDRESS
Miss Katherine S. Froelich-3800
Egerton Rd.

18. 470.0 I CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Anterior - Sclerotic Heart Disease

8 years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) DUE TO
(C)

Generalized Arterio Sclerosis

8 years

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY21E. INJURY OCCURRED
WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July - 4 - 1951, to Nov. 6, 1951, that I last saw the deceased alive on Nov. 5, 1951, and that death occurred at 12:30 p. m., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

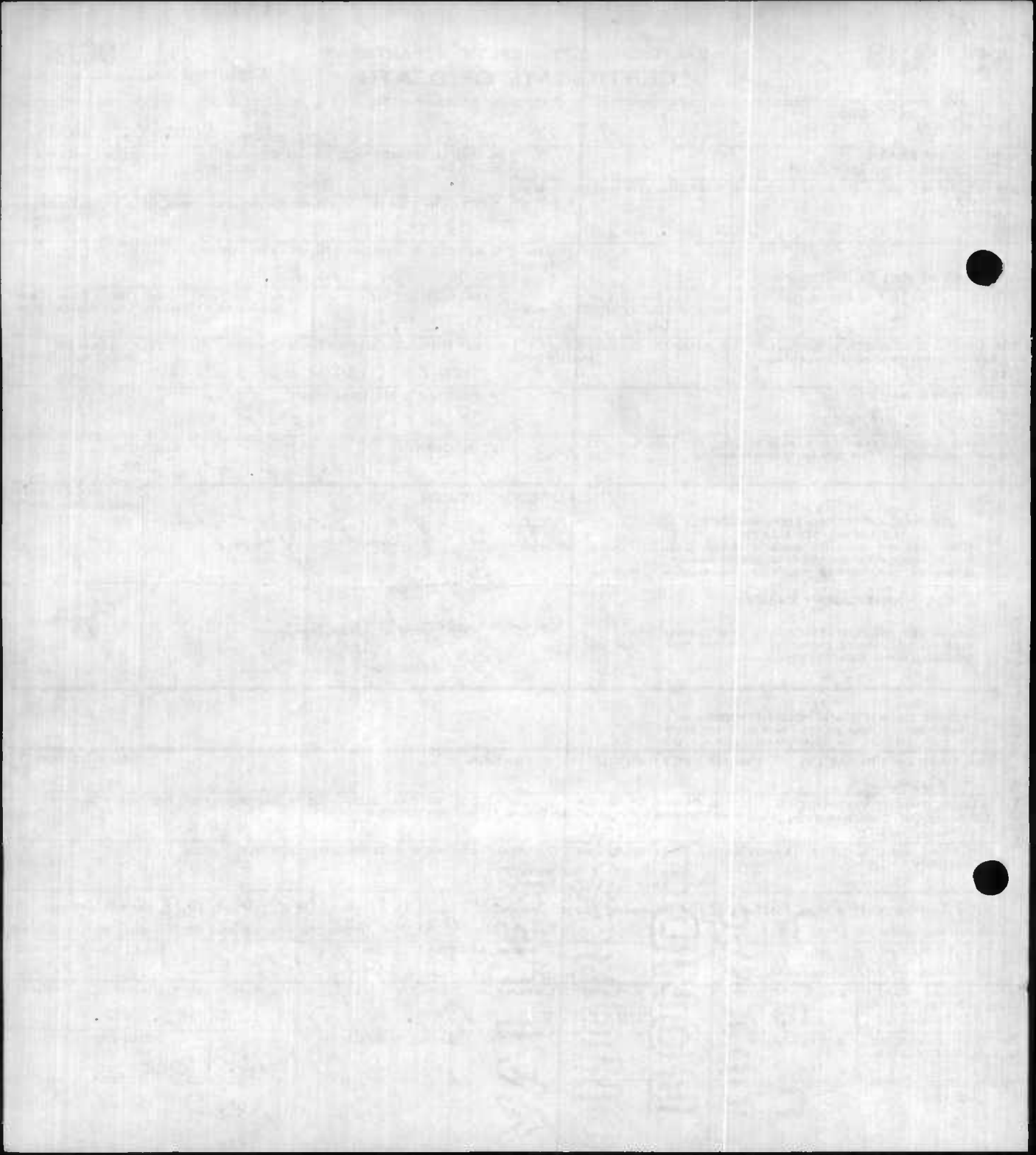
(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS



250
51 9619

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 9619
Registered No.

1. NAME OF DECEASED (Type or Print) ROSE MASSON		2. DATE OF DEATH NOV. 6-1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland BALTO. MD.		4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE MARYLAND B. COUNTY BALTO.	
B. FULL NAME OF (If not in hospital or institution, give street address or location) LUTHERAN HOSP OF MD.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTO.	
C. Length of stay in Baltimore 48		D. STREET ADDRESS (If rural, give location) 709 S. CONKLING ST.	
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 9-27-03
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10B. KIND OF BUSINESS OR INDUSTRY AT HOME.	9. AGE (In years last birthday) 48
11. BIRTHPLACE (State or foreign country) BALT. MD.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME JOSEPH B. STOKES		14. MOTHER'S MAIDEN NAME MARY E. CRISP	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. -	
17. INFORMANT JAMES MASSON		ADDRESS 709 S. CONKLING ST.	

18. 578X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Bile Peritonitis	CAUSE OF DEATH (A) Bile Peritonitis DUE TO (B) Perforation of Intestine DUE TO (C) _____	INTERVAL BETWEEN ONSET AND DEATH 16 hrs. 1 1/2 hrs
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION NOV 6-1951		19B. MAJOR FINDINGS OF OPERATION BILE PERITONITIS		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) _____		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY _____		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from Nov 6, 1951 , to Nov 6, 1951 , that I last saw the deceased alive on Nov 6, 1951 , and that death occurred at 8:15 m., from the causes and on the date stated above.					
23A. SIGNATURE William O. Barnett		23B. ADDRESS LUTHERAN Hosp. MD		23C. DATE SIGNED NOV 6, 1951	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 11-10-51		24C. NAME OF CEMETERY OR CREMATORY OAK LAWN CEM.	
24D. LOCATION (City, town, or county) 7225 EASTERN AVE.		24E. (State) BALTO. MD.		25. FUNERAL DIRECTOR Charles S. Gailer	
DATE RECEIVED BY LOCAL REGISTRAR NOV 8-1951		REGISTRAR'S SIGNATURE William O. Barnett		ADDRESS 901 S. CONKLING ST.	

65-75-1

-516
51 9620BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 9620

BIRTH NO.

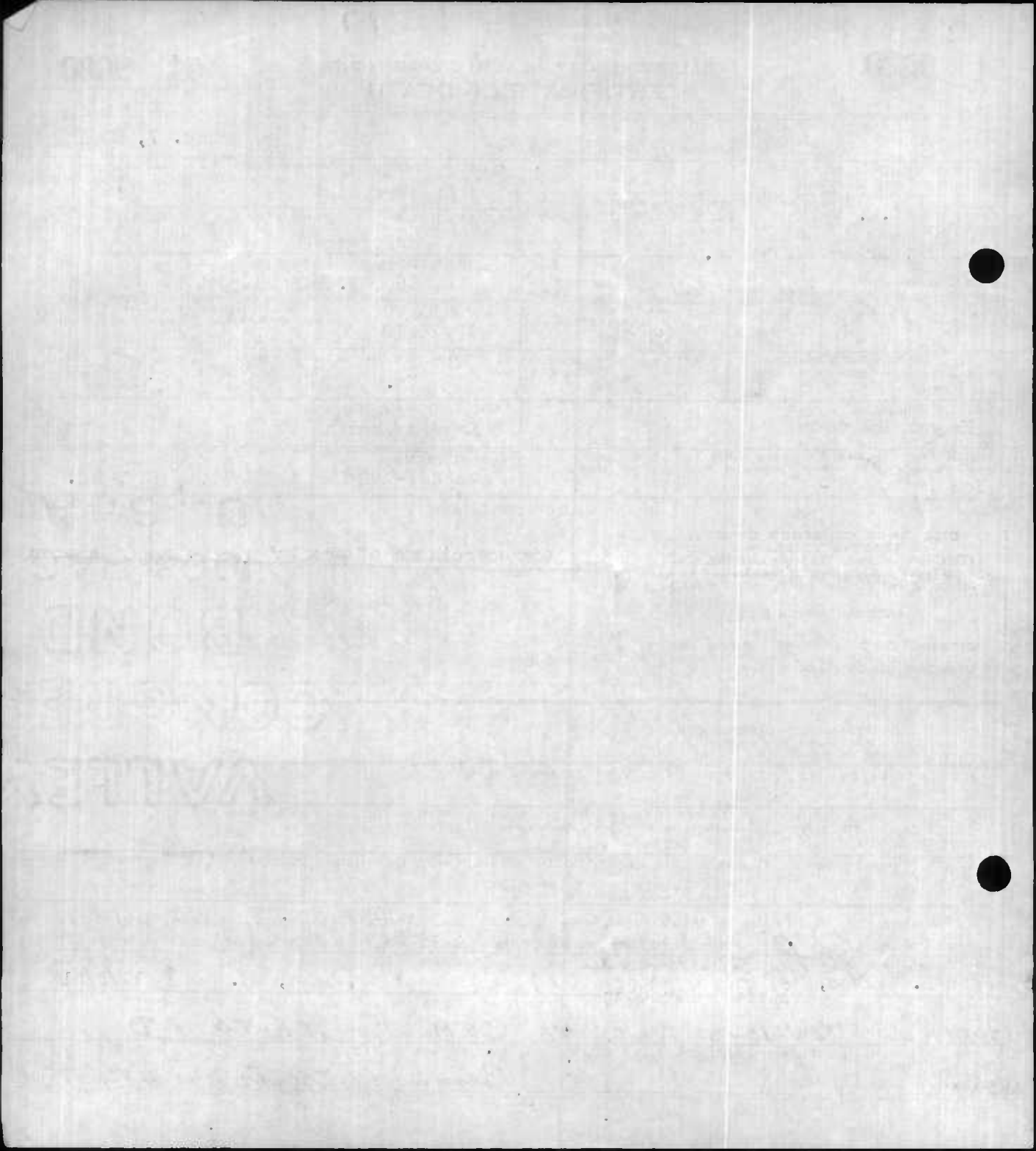
1. NAME OF DECEASED (Type or Print) ARTHUR GRAHAM HUMPHRIES		2. DATE OF DEATH Nov. 7, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or hospital or institution) U.S. Public Health Service Hospital an Pk. Drive & 31st St.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore 10 days		D. STREET ADDRESS (If rural, give location) 1000 S. Paca Street 21-11	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 10/26/80
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		9. AGE (in years last birthday) 71 If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.	
10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Va.	
13. FATHER'S NAME DAVID Humphries		12. CITIZEN OF WHAT COUNTRY? USA	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) Yes WW I - USA		16. SOCIAL SECURITY NO. ?	
17. INFORMANT Records- US PHS HOSPITAL, BALTO, Md.		ADDRESS	

18. 177X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Adenocarcinoma of prostate DUE TO (A) DUE TO (B) DUE TO (C) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONITION CAUSING IT.	INTERVAL BETWEEN ONSET AND DEATH Unknown
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19A. DATE OF OPERATION ✓		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Oct. 28 , 19 51 , to Nov. 7 , 19 51 , that I last saw the deceased alive on Nov. 7, 1951 , and that death occurred at 11:45 P.m. , from the causes and on the date stated above.					
23A. SIGNATURE John L. Wilson, Medical Director		23B. ADDRESS US PHS Hospital, Balto, Md.		23C. DATE SIGNED 11/8/51	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE NOV-10-51		24C. NAME OF CEMETERY OR CREMATORY NATIONAL CEM.	
24D. LOCATION (City, town, or county) (State) BALTO MD		24E. LOCATION (City, town, or county) (State)			
DATE RECEIVED BY LOCAL REGISTRAR Nov 8 - 1951		REGISTRAR'S SIGNATURE Bernard G. Harle		25. FUNERAL DIRECTOR Bernard G. Harle 121 E West St	

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51 B



520

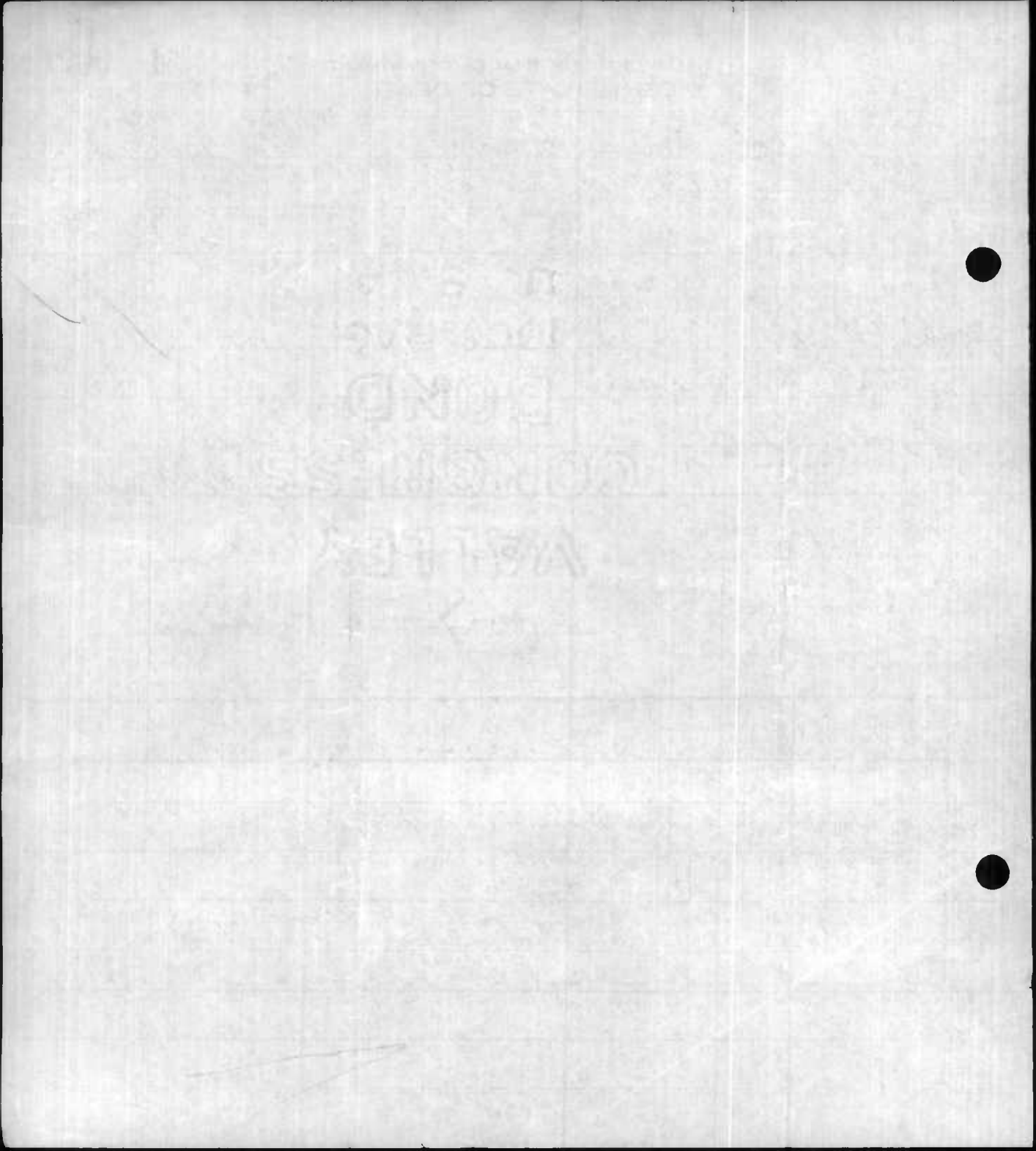
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 9621

Registered No.

51 9621

1. NAME OF DECEASED (Type or Print) <i>Lola Louise Boomes</i>		2. DATE OF DEATH <i>Nov. 7, 1951</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>1147 Monroeburke</i>		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Md</i> B. COUNTY <i>Balto</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)	
C. Length of stay in Baltimore <i>Levi</i>		D. STREET ADDRESS (If rural, give location) <i>1147 Monroeburke</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Feb. 23, 1884</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>no home</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Housewife</i>	9. AGE (in years last birthday) <i>67</i>
11. BIRTHPLACE (State or foreign country) <i>Balto</i>		12. CITIZEN OF WHAT COUNTRY? <i>U-S</i>	
13. FATHER'S NAME <i>Henry Frank</i>		14. MOTHER'S MAIDEN NAME <i>Amelia Yeager</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>no</i>		16. SOCIAL SECURITY NO. <i>no</i>	
17. INFORMANT <i>Berkley Evans</i>		ADDRESS <i>1602 W. Meadows Rd</i>	
18. <i>443X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Cerebral Hemorrhage</i> DUE TO (A) <i>Hypertensive cardiac disease</i> DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Arteriosclerosis</i> DUE TO (B) <i>Arteriosclerosis</i> DUE TO (C) <i>Arteriosclerosis</i> OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>Tuberculosis</i>			INTERVAL BETWEEN ONSET AND DEATH
19A. DATE OF OPERATION <i>Nov 10</i>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>June 10, 1948</i> to <i>Nov 7, 1951</i> , that I last saw the deceased alive on <i>11/6/51</i> , 1951, and that death occurred at <i>2309 m.</i> , from the causes and on the date stated above.			
23A. SIGNATURE <i>Samuel Rubin</i>		23B. ADDRESS <i>203 Calopass Ave</i>	
23C. DATE SIGNED <i>11/8/51</i>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Nov. 10, 1951</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>Glen Haven</i>		24D. LOCATION (City, town, or county) (State) <i>P. 9. Co., Md.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>NOV 8 - 1951</i>		REGISTRAR'S SIGNATURE <i>Wm. J. Williams, Jr.</i>	
25. FUNERAL DIRECTOR <i>P. Howard Evans</i>		ADDRESS <i>14005 Charles St - Balto 39 Md. 937</i>	



400

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 9622

51 9622
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Rose E. Lilley</i>		2. DATE OF DEATH <i>Nov 6, 1951</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>1604 Kanawha</i>		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <i>md</i> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Life</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balt</i> <i>23-02</i>	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>1604 Kanawha</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>April 13, 1883</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>at home</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Kanawha</i>	9. AGE (In years last birthday) <i>68</i>
11. BIRTHPLACE (State or foreign country) <i>md</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>	
13. FATHER'S NAME <i>Dwight A. Daywalt</i>		14. MOTHER'S MAIDEN NAME <i>Mary Barnhardt</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>	(If yes, give war or dates of service) <i>No</i>	16. SOCIAL SECURITY NO. <i>—</i>	17. INFORMANT ADDRESS <i>Reatha W. Smith 1374 E. N.E. Wash D.C.</i>

18. *445X*
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

CAUSE OF DEATH

(A) *Cardiac Failure*

DUE TO

(B) *Arterio-Sclerosis*

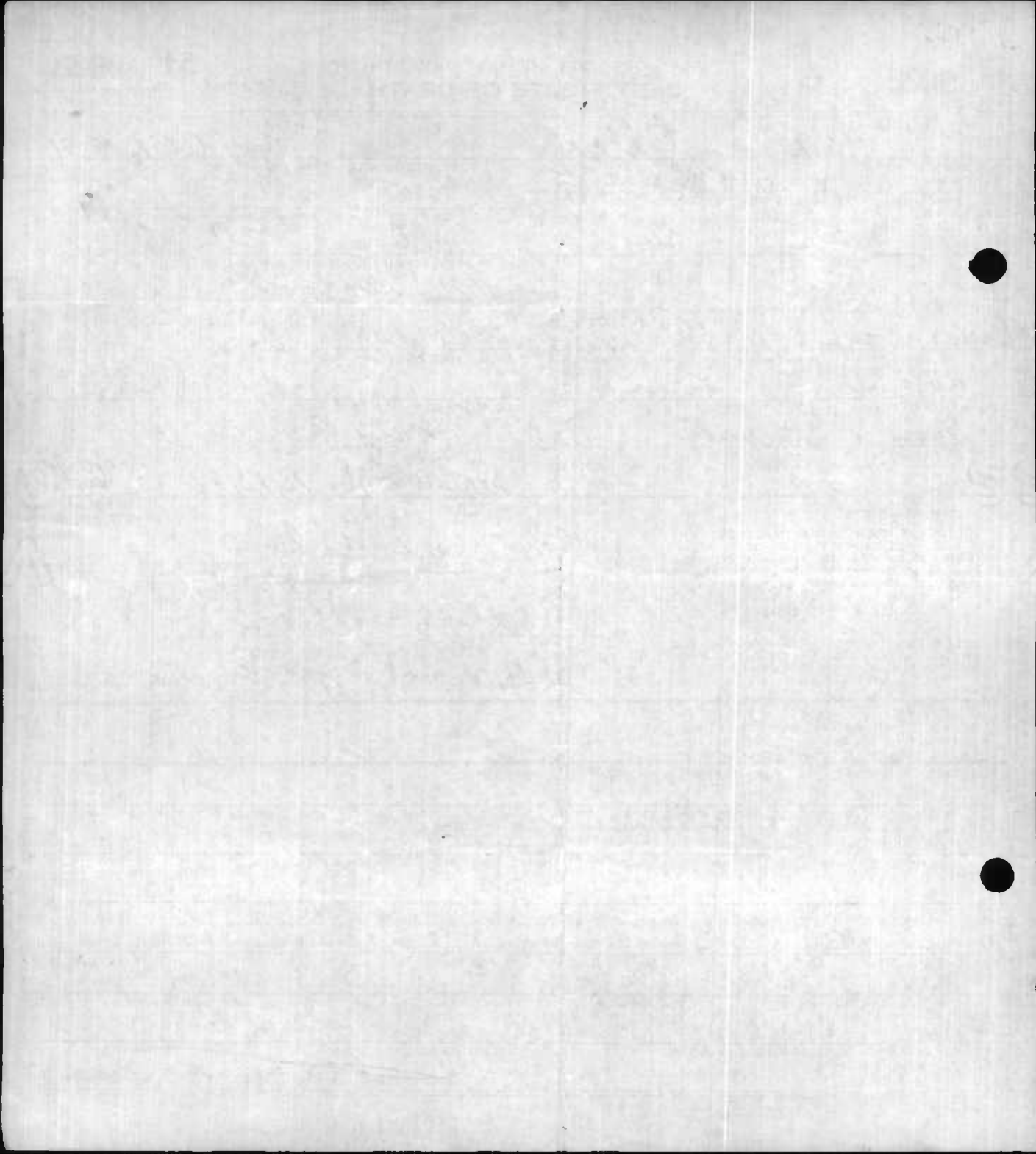
DUE TO

(C) *Maligant Hypertension*

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION <i>Nov 9, 1951</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>May</i> , 19 <i>48</i> , to <i>Nov 5</i> , 19 <i>51</i> , that I last saw the deceased alive on <i>Nov 5</i> , 19 <i>51</i> , and that death occurred at <i>56</i> m., from the causes and on the date stated above.					
23A. SIGNATURE <i>James J. Mc Grath</i>		23B. ADDRESS <i>E. Randall St.</i>		23C. DATE SIGNED <i>11/7/51</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Nov 9, 1951</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Swanwick Cemetery</i>	
24D. LOCATION (City, town, or county) <i>Baltimore</i>		24E. STATE <i>md</i>		24F. FUNERAL DIRECTOR <i>A. Randall Evans 1400 S. Broadway</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>NOV 8 - 1951</i>		REGISTRAR'S SIGNATURE <i>Walter Williams, Jr.</i>		25. FUNERAL DIRECTOR ADDRESS <i>A. Randall Evans 1400 S. Broadway</i>	



125
51 9623
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 9623

1. NAME OF DECEASED (Type or Print) <i>Genevieve H. Hopkins</i>			2. DATE OF DEATH <i>11/6/51</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Lutheran Hosp. of Md.</i> B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Lutheran Hosp. of Md., Inc.</i>			4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Baltimore</i> C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>1504</i> D. STREET ADDRESS (If rural, give location) <i>2300 W. North Ave. #16</i>		
c. Length of stay in Baltimore Yrs. <i>0</i> Mos. <i>0</i> Days <i>0</i>			8. DATE OF BIRTH <i>12 June 1900</i>		
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	9. AGE (In years last birthday) <i>51</i>	10. Under 1 Year Months: <i>0</i> Days: <i>0</i>	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Bookkeeper</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Joint Dealer</i>		11. BIRTHPLACE (State or foreign country) <i>Maryland</i>	
13. FATHER'S NAME <i>Joseph A. Hassan</i>		14. MOTHER'S MAIDEN NAME <i>Louise Sparrer</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>UNK.</i>		16. SOCIAL SECURITY NO. <i>216-01-0309</i>		17. INFORMANT <i>Frank Hopkins</i>	
18. <i>332X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH <i>Cerebral Thrombosis</i>		INTERVAL BETWEEN ONSET AND DEATH <i>2 1/2 days</i>			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>Polycystic Kidney</i>		(A) <i>QUE TO</i>		(B) <i>QUE TO</i>	
19A. DATE OF OPERATION <i>2</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>11/4</i> , 1951 to <i>11/6</i> , 1951, that I last saw the deceased alive on <i>11/6</i> , 1951, and that death occurred at <i>5:30 p.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Ustold Janowski</i>		23B. ADDRESS <i>Lutheran Hosp. of Md.</i>		23C. DATE SIGNED <i>11/7/51</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>		24B. DATE <i>11/9/51</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Cathedral</i>	
24D. LOCATION (City, town, or county) <i>Baltimore Md.</i>		24E. FUNERAL DIRECTOR <i>M. FAHEY & SONS</i>		24F. ADDRESS <i>401 SUFFOLK Rd.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>NOV 8 - 1951</i>		REGISTRAR'S SIGNATURE <i>James J. Williams</i>		25. FUNERAL DIRECTOR <i>M. FAHEY & SONS</i>	

STATE OF TEXAS

COUNTY OF DALLAS

IN THE DISTRICT COURT OF THE

STATE OF TEXAS

IN RE: THE ESTATE OF

JOHN A. DAVIS, DECEASED

VS.

JOHN A. DAVIS, JR.

PLAINTIFF

VS.

JOHN A. DAVIS, JR.

DEFENDANT

COMES NOW the Plaintiff,

JOHN A. DAVIS, JR., and

files this Petition for

the Court to appoint

JOHN A. DAVIS, JR. as

executor of the estate of

JOHN A. DAVIS, DECEASED,

and for the Court to

grant the Plaintiff's

prayer for relief.

B-150
51 9624BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 9624

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Walter Crothers Beaven			2. DATE OF DEATH 11/8/51		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE MD B. COUNTY Baltimore		
B. FULL NAME OF HOSPITAL OR INSTITUTION Mary Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) College Heights		
C. Length of stay in Baltimore 2-0			D. STREET ADDRESS (If rural, give location) 4401 Holly Hill Rd		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) W	8. DATE OF BIRTH 18 91	9. AGE (In years last birthday) 60	10. Under 1 Year Months Days
10A. USUAL OCCUPATION (If kind of work done during most of working life, even if retired) Marketing			10B. KIND OF BUSINESS OR INDUSTRY		
11. BIRTHPLACE (State or foreign country) Maryland			12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME John S. Beaven			14. MOTHER'S MAIDEN NAME Emma Stebbins		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) ? (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT Arthur Beaven			18. ADDRESS 3007 BMDAY ST. Baltimore, Md.		

18. 161x	1	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) Central Metastasis	1 day
ANTECEDENT CAUSES		(B) Carcinoma of Falx	2 yrs?
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C)	

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19A. DATE OF OPERATION 0	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? X YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

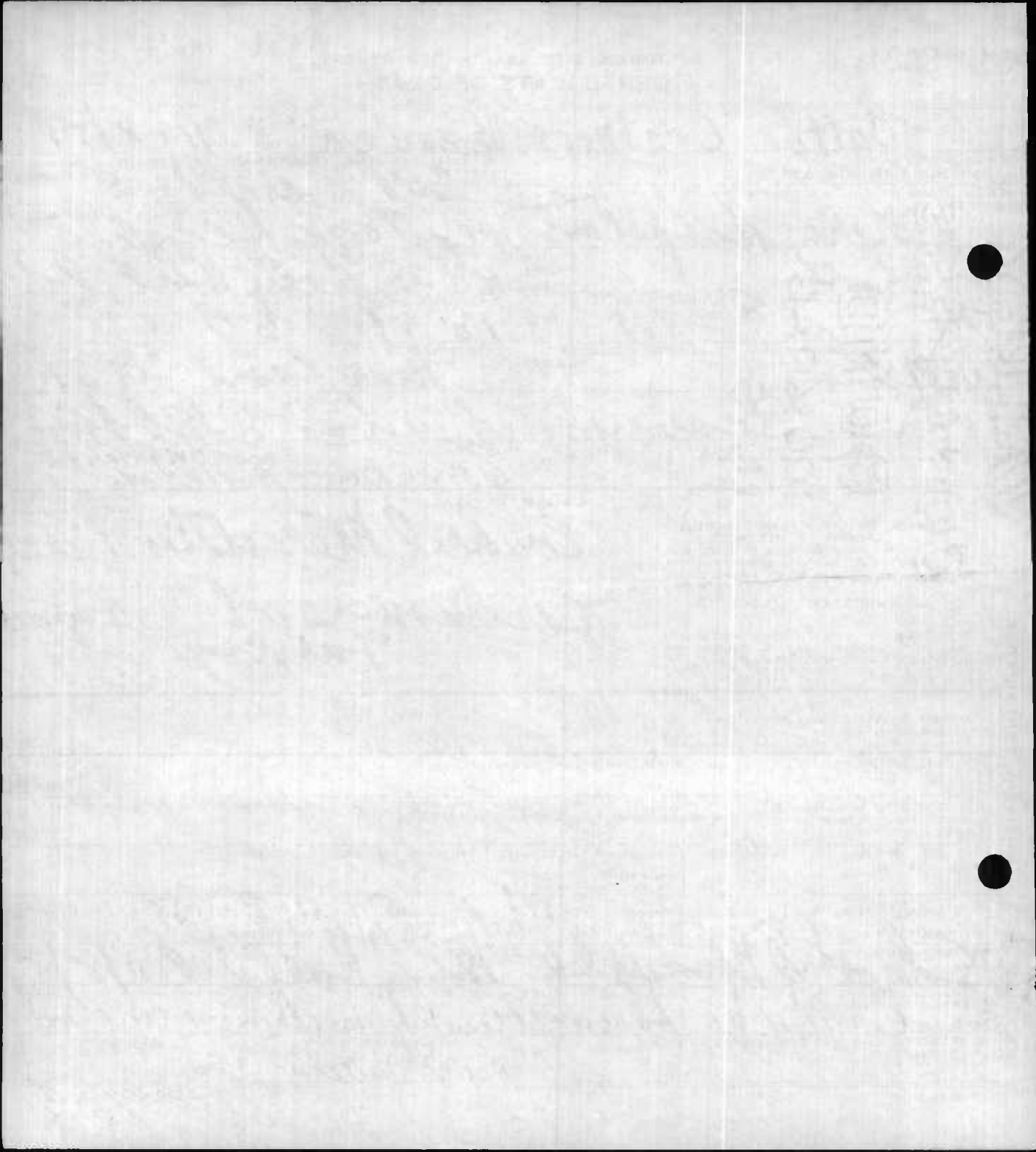
22. I hereby certify that I attended the deceased from **11/7**, 19**51**, to **11/8**, 19**51** that I last saw the deceased alive on **11/8**, 19**51** and that death occurred at **11:30 A** from the causes and on the date stated above.

23A. SIGNATURE Edward M. Lyle	23B. ADDRESS Mary Hospital	23C. DATE SIGNED 11/8/51
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 11-11-51	24C. NAME OF CEMETERY OR CREMATORY Hopewell Cemetery
24D. LOCATION (City, town, or county) (State) Port Deposit, Cecil-Md	25. FUNERAL DIRECTOR Lee Q. Patterson, Son	ADDRESS
DATE RECEIVED BY LOCAL REGISTRAR NOV 11 1951	REGISTRAR'S SIGNATURE	

VS 150

08182

47a Perryville, Md.



51 9625

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 9625
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Adolph Henry Kuhl

2. DATE
OF
DEATH

Nov. 6, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

5035 Frederick Ave

C. CITY OR TOWN

Baltimore 25-31

D. STREET ADDRESS (If rural, give location)

5035 Frederick Ave

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

MALE

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

Aug. 30, 1880

9. AGE (In years last birthday)

71-

10 Under 1 Year

Months: Days

11 Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

CLERK

10B. KIND OF BUSINESS OR INDUSTRY

Wholesale Merchandise

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

August Kuhl

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No

(If yes, give war or dates of service)

NONE

16. SOCIAL SECURITY NO.

216-01-5576

17. INFORMANT

Elizabeth Kuhl 5035 Frederick Ave

ADDRESS

18. 181X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Generalized Carcinomatosis

6 mos

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

Ca of Bladder

3 yr.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-7, 1948, to 11-6, 1951, that I last saw the deceased alive on 11-8-51, and that death occurred at 10:45 P.m., from the causes and on the date stated above.

23A. SIGNATURE

William K. Gallagher

23B. ADDRESS

Catonsville-28, Md.

23C. DATE SIGNED

11-8-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

11-9-51

24C. NAME OF CEMETERY OR CREMATORY

Loudon PARK

24D. LOCATION (City, town, or county)

BALTIMORE, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

GEO. L. Schwab 2101 Frederick Ave

ADDRESS

NOV 9 - 1951

VS 150

39068

5213

MEDICAL CERTIFICATION

1 07

51 9626

51 9626

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Mary Nidiffer

2. DATE
OF
DEATH

Nov. 7, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

University Hosp.

C. Length of stay in Baltimore

7 yrs.

Yrs.
Mos.
Days

5. SEX

7

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

13. FATHER'S NAME

George

M^r Quarrie

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Husband

ADDRESS

2003 N. Calvert, Bldg. 10

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

cerebral aneurysm hemorrhage.
cerebral 5.1 hemorrhage

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

Pneumonia

INTERVAL BETWEEN ONSET AND DEATH

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 28, 1951, to Nov 7, 1951, that I last saw the deceased alive on Nov 7, 1951, and that death occurred at 12:00 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Joseph R. Brumfield

23B. ADDRESS

University Hospital

23C. DATE SIGNED

11/7/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

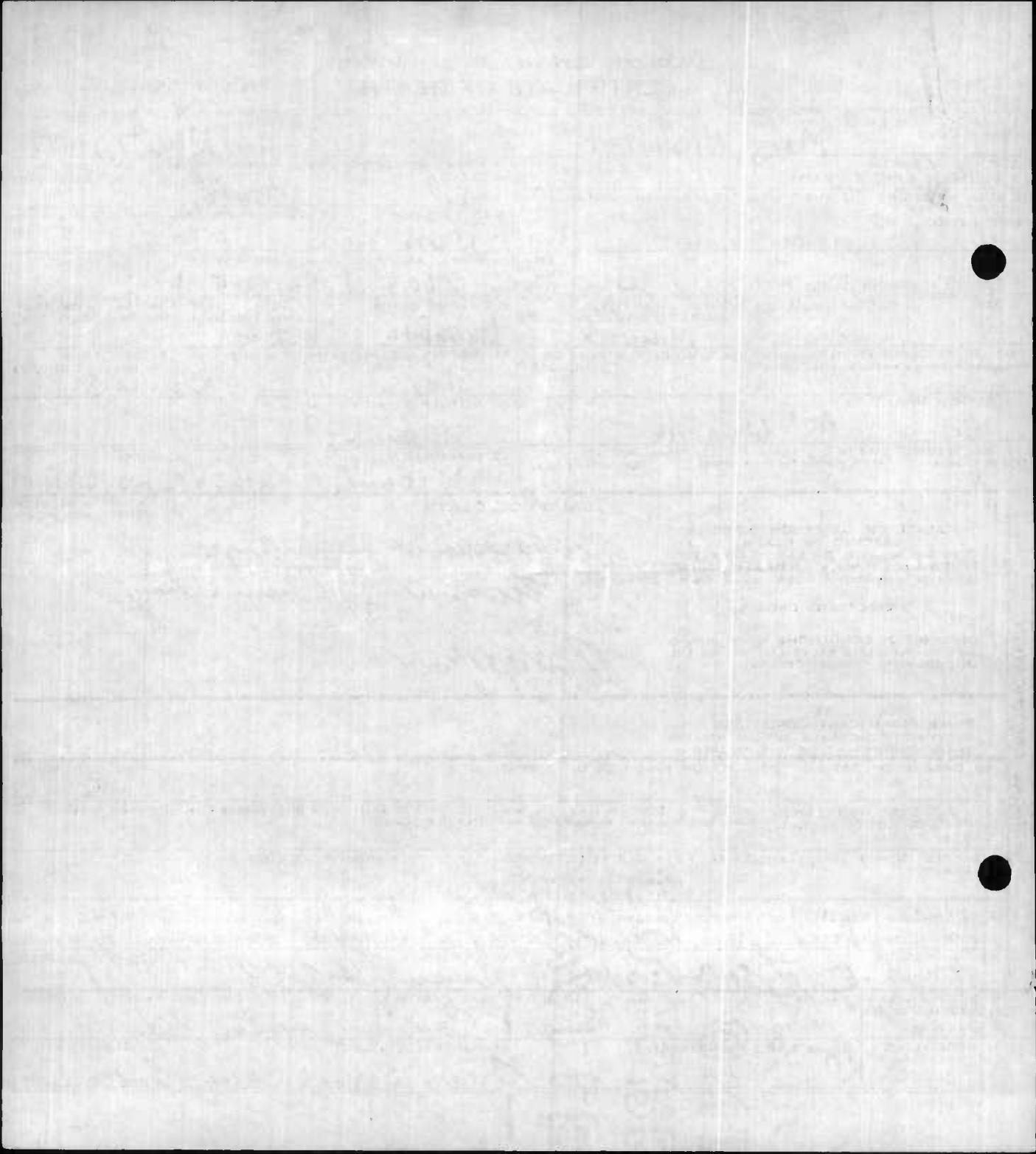
NOV 9 - 1951

Geo. L. Schwab 2101 Frederick Ave

VS 150

83a

MEDICAL CERTIFICATION



150
51 9627BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 9627
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

BERTHA F. DAFFIN

2. DATE
OF
DEATH

NOVEMBER 8, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

University Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

Caroline

C. CITY OF TOWN (If outside corporate limits, write RURAL and give township)

Federalsburg

D. STREET ADDRESS (If rural, give location)

55-00

C. Length of stay in Baltimore

19

Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE MARRIED

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

9. AGE (In years last birthday)

60

If Under 1 Year Months: Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

J. Frank Collins

14. MOTHER'S MAIDEN NAME

Martha Fleetwood

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18. 330X I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Spontaneous Subarachnoid Hemorrhage

10 wks.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) _____
DUE TO _____
(C) _____

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

10-24-51

19B. MAJOR FINDINGS OF OPERATION

Spontaneous Subarachnoid Hemorrhage

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐

No

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

None

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

None

21D. TIME (Month) (Day) (Year) (Hour) INJURY

None

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

None

22. I hereby certify that I attended the deceased from 11-1, 1951, to 11-8, 1951, that I last saw the deceased alive on 11-8, 1951, and that death occurred at 10:30 a.m., from the causes and on the date stated above.

23A. SIGNATURE

John W. Bossard

23B. ADDRESS

M. D. University Hosp. Balt. Md.

23C. DATE SIGNED

11-8-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

11-11-51

24C. NAME OF CEMETERY OR CREMATORY

Hill Crest

24D. LOCATION (City, town, or county) (State)

Federalsburg Md

DATE RECEIVED BY LOCAL REGISTRAR

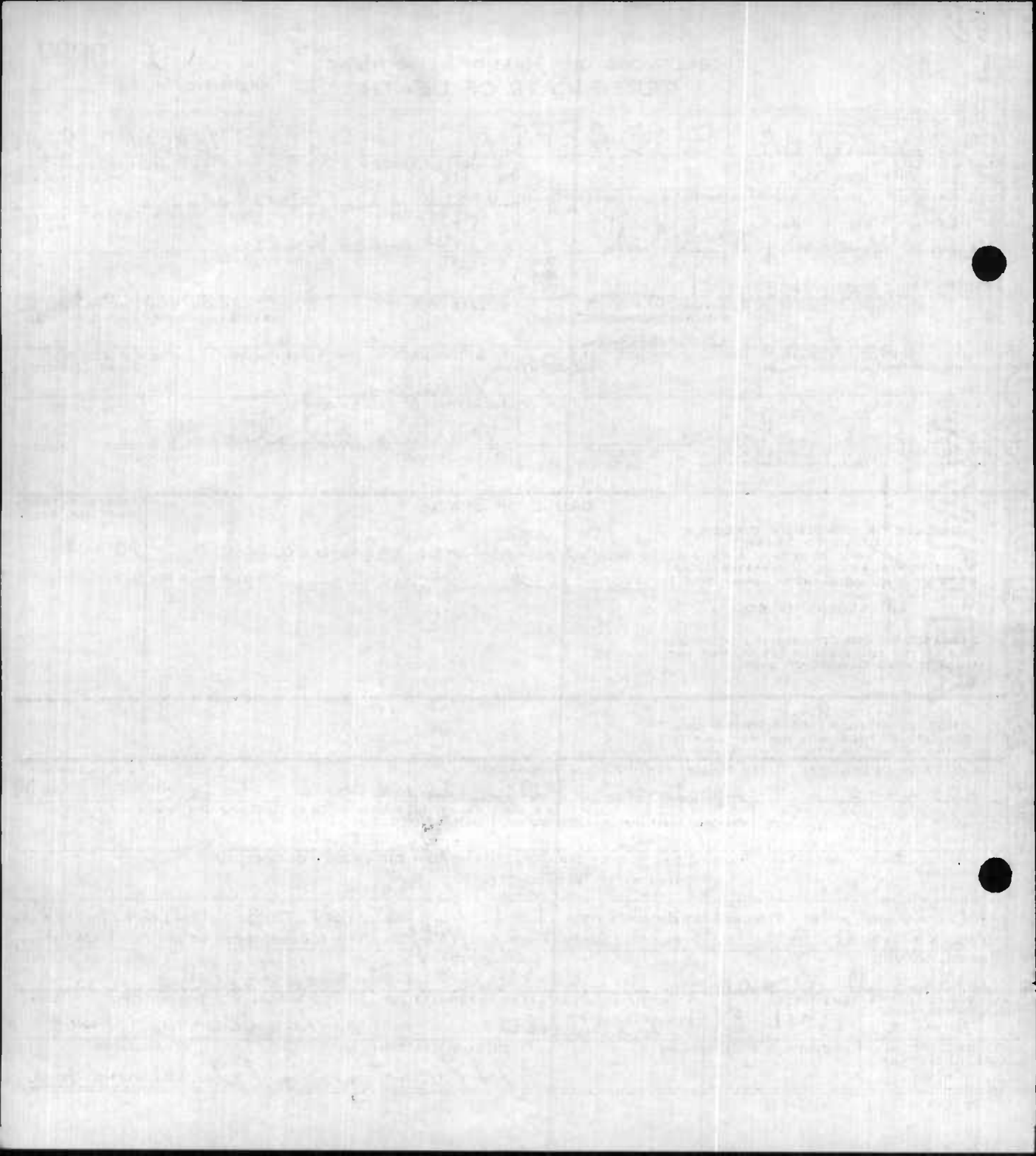
REGISTRAR'S SIGNATURE

William H. Williams

25. FUNERAL DIRECTOR

ADDRESS

J. J. Trampton Son Federalsburg Md

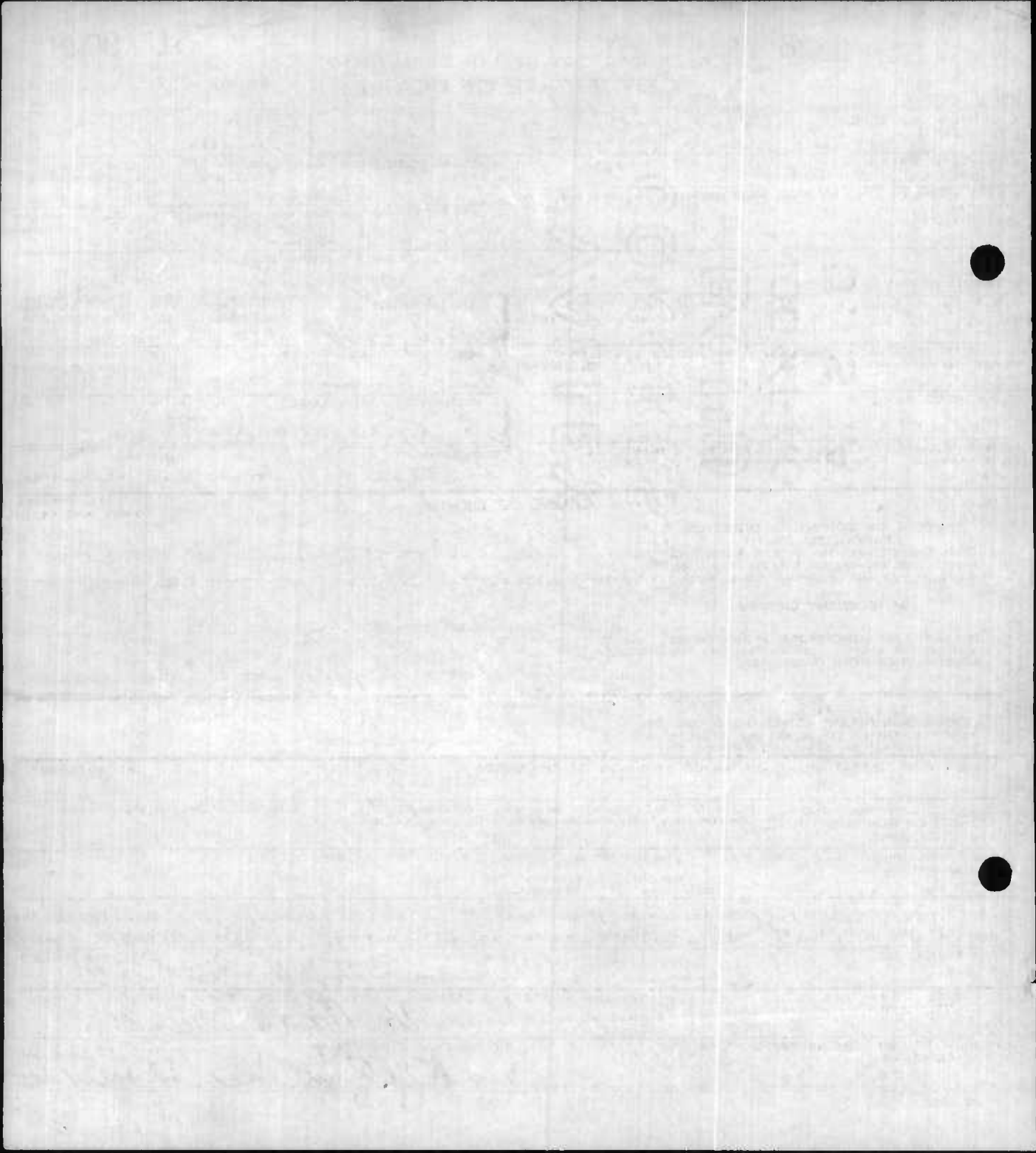


530
51 9628BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

51 9628

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <u>Flonora Smith</u>		2. DATE OF DEATH <u>11-7-51</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Virginia</u> B. COUNTY <u>V-43</u>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>University Hospital</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Chief Side</u>			
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location)			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>negro</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>Sept. 10, 1909</u>	9. AGE (In years last birthday) <u>42</u>	11. Under 1 Year Months: Days 11 Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>unknown</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>unknown</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>William Smith</u>		14. MOTHER'S MAIDEN NAME <u>Estelle Hallelt</u> ✓			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>3</u>		17. INFORMANT ADDRESS <u>Brother's Wife Cape Charles, Va.</u>	
18. <u>010X</u> CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO (A) <u>Tuberculous Meningitis</u> (B) <u>coma secondary to (1)</u> (C) <u>aspirational pneumonia secondary to (2)</u> ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <u>none</u>				INTERVAL BETWEEN ONSET AND DEATH <u>8 days</u>	
19A. DATE OF OPERATION <u>0</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Nov. 4th</u> , 19 <u>51</u> , to <u>Nov. 7</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Nov. 4th</u> , 19 <u>51</u> , and that death occurred at <u>2:15 p.m.</u> , from the causes and on the date stated above.					
23A. SIGNATURE <u>H. K. Skipton</u>		23B. ADDRESS <u>University Hosp.</u>		23C. DATE SIGNED <u>11-7-51</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE <u>11-9-1951</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Cape Charles Va</u>	
24D. LOCATION (City, town, or county) (State) <u>Cape Charles Va.</u>		25. FUNERAL DIRECTOR <u>Mrs. Katie R. Williams Schroeder & Co.</u>			
DATE RECEIVED BY LOCAL REGISTRAR <u>NOV 9 - 1951</u>		REGISTRAR'S SIGNATURE <u>William R. Williams</u>		ADDRESS <u>3224</u>	



51 9629

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 9629

BIRTH NO.

1. NAME OF DECEASED (Type or Print) LULA HENSON			2. DATE OF DEATH Nov. 5, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. City			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY 7-05		
B. FULL NAME OF (If not in hospital or institution, give street address or location) Johns Hopkins Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
C. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 1514 McElderry Street		
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Sept. 19, 1896	9. AGE (In years last birthday) 55	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic			10B. KIND OF BUSINESS OR INDUSTRY At Home		
11. BIRTHPLACE (State or foreign country) Baltimore			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME Unknown			14. MOTHER'S MAIDEN NAME Unknown		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. None		
17. INFORMANT Carrie Thomas			ADDRESS 1514 McElderry St		

18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic cardiovascular disease	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
(A) DUE TO		
ANTECEDENT CAUSES		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) DUE TO	
	(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIB. <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE Stanley K. Dunsche	23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR	23C. DATE SIGNED Nov. 6, 1951
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 11/9/1951	24C. NAME OF CEMETERY OR CREMATORY Mt Calvary Cem.
DATE RECEIVED BY LOCAL REGISTRAR NOV 9 - 1951	REGISTRAR'S SIGNATURE Elroy G. Wilson	25. FUNERAL DIRECTOR Elroy G. Wilson 1010 Bently Ave

VS 151

72084

937 ✓

MEDICAL CERTIFICATION

100

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

100

51 9630

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 9630
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

HARRY

BUSH

2. DATE
OF DEATH November 6, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland Balto. City

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

Johns Hopkins Hospital

Yrs.
Mos.
Days

C. Length of stay in Baltimore 25 Yrs.

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

March 8, 1880

9. AGE (in years
last birthday)

71

10 Under 1 Year
Months Days11 Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR
INDUSTRY

In General

11. BIRTHPLACE (State or foreign country)

St Marys Co. Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Washington Bush

14. MOTHER'S MAIDEN NAME

Mary Bush

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Alverta Thomas 612 N. Spring St

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

Arteriosclerotic cardiovascular disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
M.D. MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

Nov. 6, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

11/9/1951

24C. NAME OF CEMETERY OR CREMATORY

Mt Calvery Cem.

24D. LOCATION (City, town, or county) (State)

Brooklyn Md.

DATE RECEIVED BY
LOCAL REGISTRAR

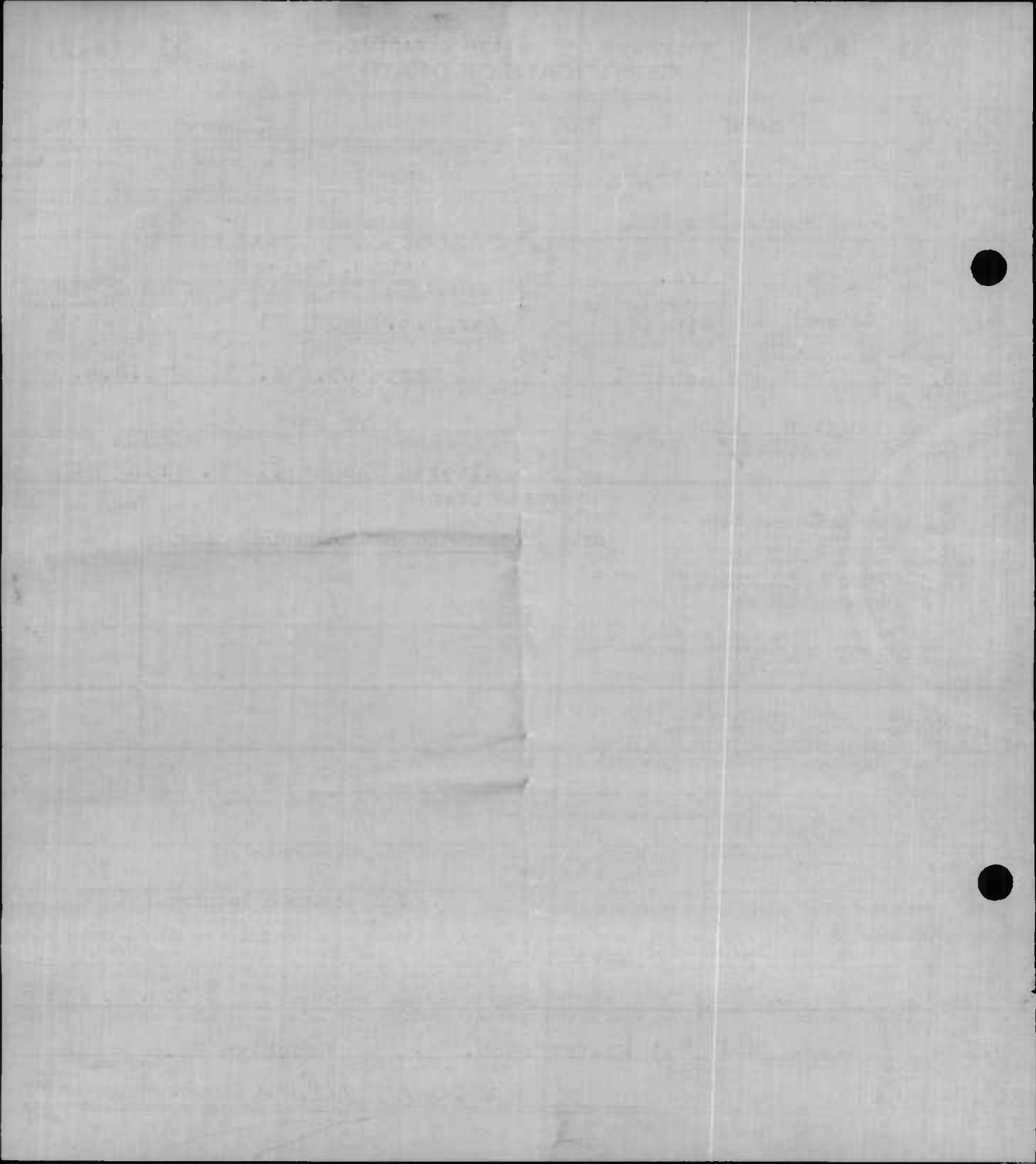
NOV 9 - 1951

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Elroy O. Wilson 1000 Brantley



553

51 9631

51 9631

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

IDA MOMENTHY

2. DATE
OF
DEATH

Nov. 7, 1951

3. PLACE OF DEATH:

a. Baltimore City, Maryland

b. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTIONUniversity Hospital
Life

c. Length of stay in Baltimore

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE

Md

b. COUNTY

Bolt.

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

15-37

d. STREET ADDRESS (If rural, give location)

3302 Mondawmin Ave

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

none

10b. KIND OF BUSINESS OR INDUSTRY

13. FATHER'S NAME

E. Bruno Momenty

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

no

16. SOCIAL SECURITY NO.

none

17. INFORMANT

E. Bruno Momenty 3302 Mondawmin Ave

ADDRESS

18. 420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Myocardial infarction

3 wks.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

Coronary arteriosclerosis

(C) DUE TO

Hypertensive arteriosclerosis
cardiovascular disease

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour) INJURY

21e. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 23, 1951, to Nov 7, 1951, that I last saw the deceased alive on Nov. 7, 1951, and that death occurred at 11:15 a.m., from the causes and on the date stated above.

23a. SIGNATURE

Robert A. Moore, Jr.

M. D.

23b. ADDRESS

University Hospital

23c. DATE SIGNED

Nov. 7, 1951

24a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24b. DATE

Nov 10, 1951

24c. NAME OF CEMETERY OR CREMATORY

London Park

24d. LOCATION (City, town, or county)

Baltimore

(State)

Md

DATE RECEIVED BY LOCAL REGISTRAR

NOV 9 - 1951

REGISTRAR'S SIGNATURE

William H. Williams

25. FUNERAL DIRECTOR

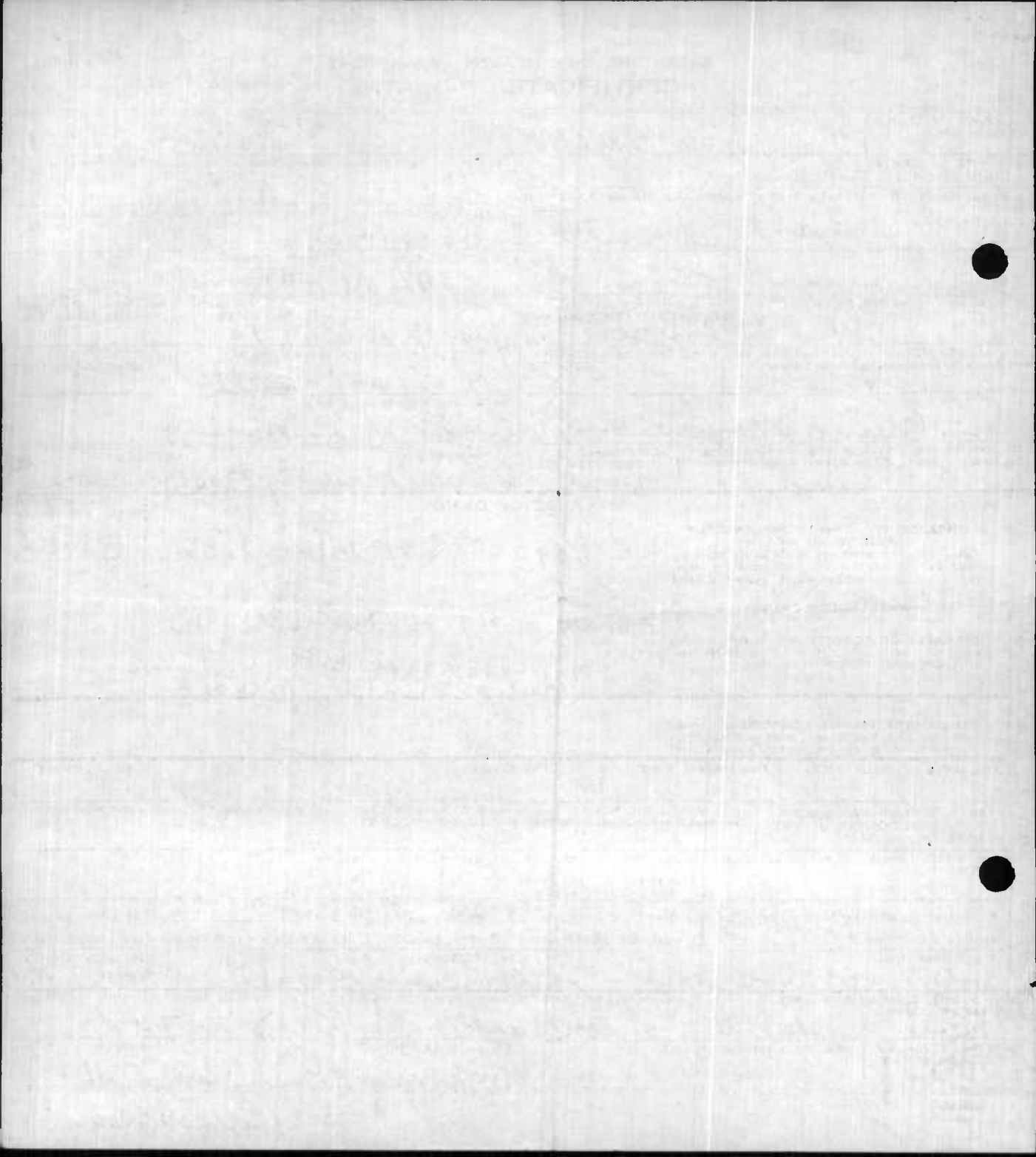
Mrs. Mrs. John H. Trefelrow 5311

ADDRESS

937 Edmondson Ave

VS 150

MEDICAL CERTIFICATION



51 9632

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 9632
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

William H. Martin.

2. DATE
OF
DEATH

Nov 6, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution; residence
before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

3848 Quarry Ave.

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give
township)

13-08

D. STREET ADDRESS (If rural, give location)

3848 Quarry Ave

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

March 20, 1882 69

9. AGE (in years;
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Retired

10B. KIND OF BUSINESS OR
INDUSTRY

Gardner

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Noah Martin

14. MOTHER'S MAIDEN NAME

Mary E. Merryman

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mary E. Martin 3848 Quarry Ave

18. 420.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A)
DUE TOArteriosclerotic Heart Disease
Decomase
Secondary Hypertension

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐
WORKNOT WHILE ☐
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 8, 1949, to Nov 6, 1951, that I last saw the
deceased alive on Nov 5, 1951, and that death occurred at 11:15 m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Leonard Wallenstein M. D.

848 W 36th St

Nov 6, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

Nov 9/51

St. Mary's, Hampden

3900 Roland Ave Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 9 - 1951

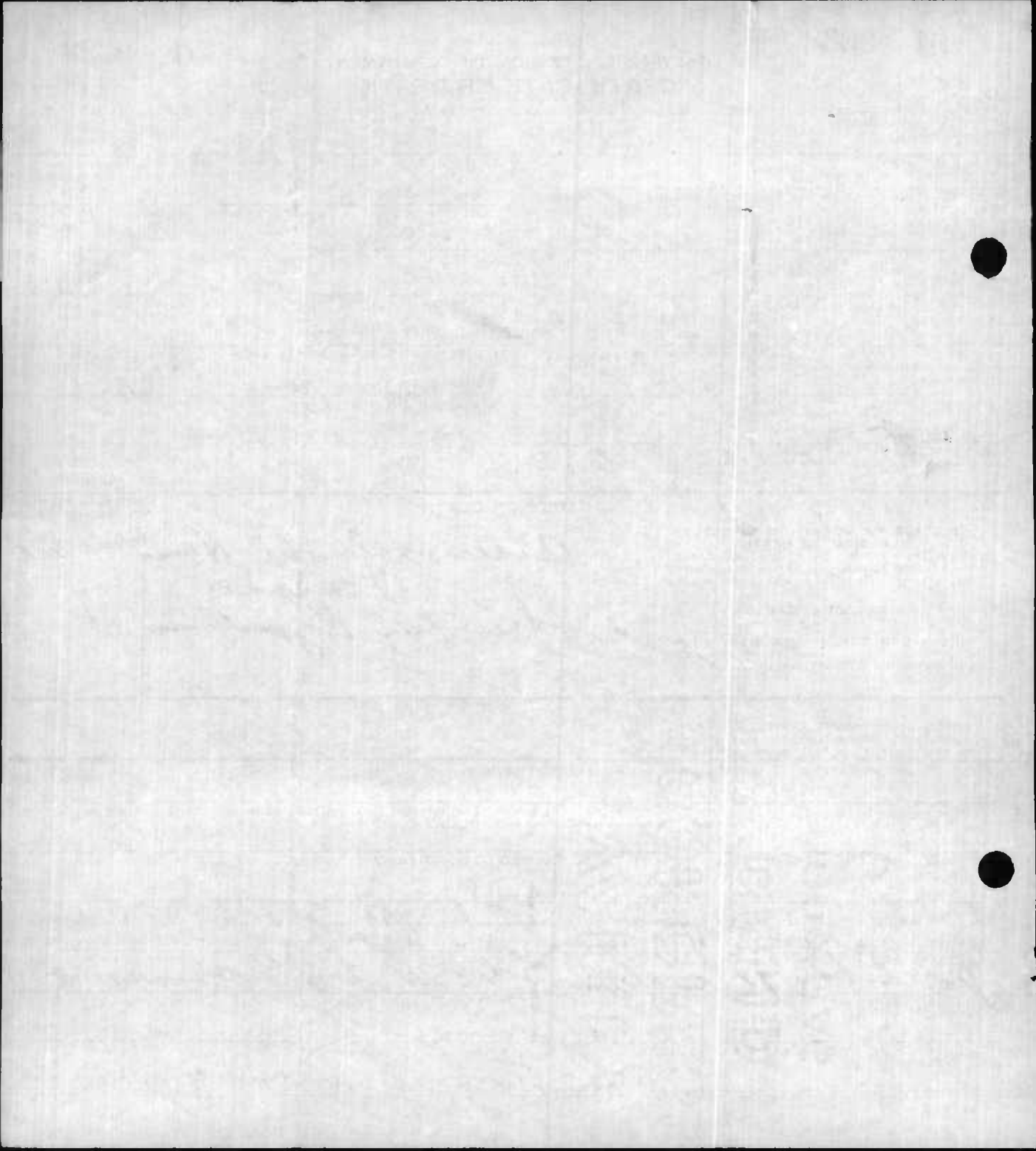
William H. Martin E. Donovan 3818 Roland Ave.

VS 150

930 10 20

937

MEDICAL CERTIFICATION



51 9633

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 9633
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) GEORGE M. MC CULLOUGH			2. DATE OF DEATH Nov. 7, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore		
B. FULL NAME OF HOSPITAL OR INSTITUTION Wyman Park.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
C. Length of stay in Baltimore Yrs. Mos. Days 2			D. STREET ADDRESS (If rural, give location) 2901 Ross Ave.		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH Unknown	9. AGE (in years last birthday) 49	10. Under 1 Year Months: Days: 11. Under 24 Hours Hours: Min: 00
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME William Mc Cullough			14. MOTHER'S MAIDEN NAME Sarah J. Bollinger.		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Mrs. Wm. N. Burke 2901 Ross Ave.		

18. 322.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Acute alcoholism		INTERVAL BETWEEN ONSET AND DEATH
(A) DUE TO		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
(B) DUE TO		
(C) DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE Stanley B. Dineen	23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input checked="" type="checkbox"/>	23C. DATE SIGNED Nov. 7, 1951
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Nov 10/51	24C. NAME OF CEMETERY OR CREMATORY Mt. Olivet
24D. LOCATION (City, town, or county) (State) Frederick Rd. Md		

DATE RECEIVED BY LOCAL REGISTRAR NOV 9 - 1951	REGISTRAR'S SIGNATURE Justin E. Donovan	25. FUNERAL DIRECTOR Justin E. Donovan - 3818 Roland Ave
---	---	--

VS 151

77c

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

1910

1911

1912

1913

1914

1915

1916

1917

1918

1919

1920

1921

1922

1923

362
51 9634BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

51 9634

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Ida Storch

2. DATE
OF
DEATH

November 8, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence

A. STATE Maryland

B. COUNTY before admission)

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

4613 Park Heights Avenue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

15-38

C. Length of stay in Baltimore 65 yrs.

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

2800 Elsinor Avenue

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widow

8. DATE OF BIRTH

1867

9. AGE (In years

last birthday)

84

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR
INDUSTRY

own home

11. BIRTHPLACE (State or foreign country)

Austria

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT ADDRESS
Leo Storch- 2406 Garrison Blvd.

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A)
DUE TO

Broncho-pneumonia

1 day

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO

Upper Respir. Infect.

3 days

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.(C)
DUE TO

Arterio-sclerotic Cardio-vasc Dis.

Years

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1948, to Nov. 8, 1951, that I last saw the deceased alive on Nov. 8, 1951, and that death occurred at 8 p. m., from the causes and on the date stated above.

23A. SIGNATURE

Abram Goldman M. D.

23B. ADDRESS

206 S. Gilman St.

23C. DATE SIGNED

Nov. 9, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

11/9/51

24C. NAME OF CEMETERY OR CREMATORY

Ahavas Sholom Cong.

24D. LOCATION (City, town, or county)

Baltimore, Maryland

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Washington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Sol. Levinson & Bros - 1124-26 W.

VS 150

North Avenue

938

MEDICAL CERTIFICATION

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION

152

RECEIVED

NOV 19 1964

560		51 9635		BALTIMORE CITY HEALTH DEPARTMENT		51 9635	
CERTIFICATE OF DEATH				Registered No. _____			
BIRTH NO. _____							
1. NAME OF DECEASED (Type or Print) Maurice E. Skinner				2. DATE OF DEATH Nov. 7, 1951			
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY none			
B. FULL NAME OF (If not in hospital or institution, give street address or location) apparently at 206 E. Redwood St.				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 27-14			
C. Length of stay in Baltimore life Yrs. _____ Mos. _____ Days _____				D. STREET ADDRESS (If rural, give location) 4701 Roland Avenue			
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH June 24, 1868	9. AGE (In years last birthday) 83	If Under 1 Year Months: _____ Days: _____	If Under 24 Hours Hours: _____ Min: _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lawyer		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Baltimore, Md.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME Thomas Skinner				14. MOTHER'S MAIDEN NAME Mary Florence Stansbury			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Robert S. Skinner - 4614 Wilmslow Road			
18. 420.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Coronary occlusion DUE TO (B) Arteriosclerotic Cardio-Vascular Disease DUE TO (C) _____ ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				INTERVAL BETWEEN ONSET AND DEATH			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from June 1950 to Nov 1951 , that I last saw the deceased alive on Nov 1951 and that death occurred at 12 P m. , from the causes and on the date stated above.							
23A. SIGNATURE William J. Helfrich M. D.				23B. ADDRESS 5006 Roland Avenue		23C. DATE SIGNED 11 - 8 - 51	
24A. BURIAL, CREMATION, REMOVAL (Specify) burial		24B. DATE 11 - 9 - 51		24C. NAME OF CEMETERY OR CREMATORY Greenmount		24D. LOCATION (City, town, or county) (State) Baltimore, Maryland	
DATE RECEIVED BY LOCAL REGISTRAR NOV 9 - 1951		REGISTRAR'S SIGNATURE Carlington Williams, M.D.		25. FUNERAL DIRECTOR ADDRESS John O. Mitchell & Sons, Inc. - 1900 Eutaw Place M B Mitchell			

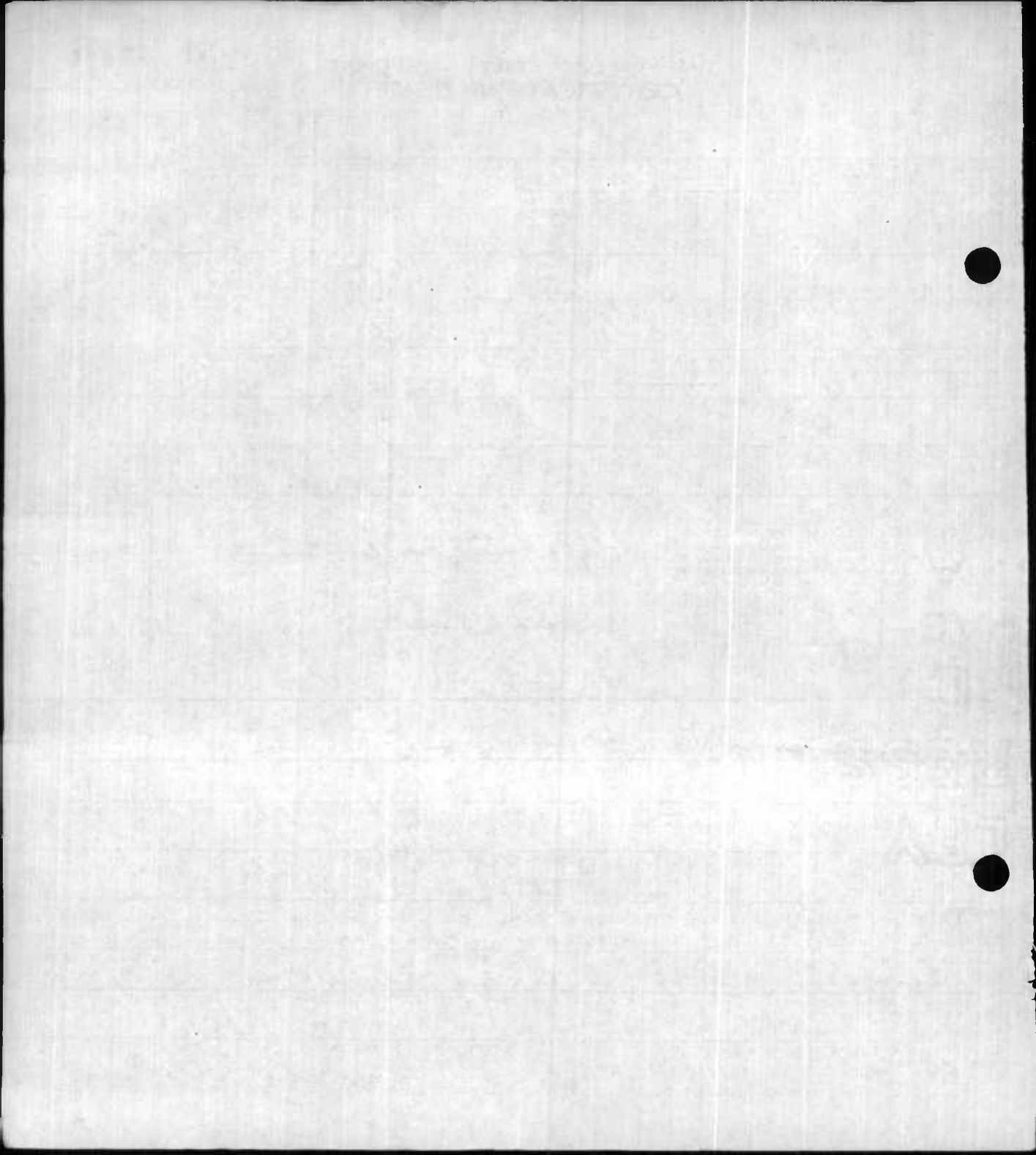
NOT A MEDICAL EXAMINER'S CASE

Stanley H. Dunbar M.D.
CHIEF OR ASST. MEDICAL EXAMINER

51 9636
Registered No. _____

BIRTH NO.

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
Lillian C. Mahon		Nov. 7, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore, Md.		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE 604 E. 33d Street		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore 60 Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 604 E. 33d Street	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Apr. 2, 1877
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10B. KIND OF BUSINESS OR INDUSTRY -----	9. AGE (In years last birthday) 74
11. BIRTHPLACE (State or foreign country) Virginia		12. CITIZEN OF WHAT COUNTRY? -----	
13. FATHER'S NAME Capt. John Smith		14. MOTHER'S MAIDEN NAME Not obtainable	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. -----	17. INFORMANT John J. Mahon, Jr.
18. 260X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH Hypertensive vascular disease DUE TO (A) (B) Diabetes mellitus (C) INTERVAL BETWEEN ONSET AND DEATH 2 yrs. 1.5 yrs.		ADDRESS 604 E. 33d Street	
19. DATE OF OPERATION 0			
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) INJURY	
21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Aug 15, 1951, to Nov. 7, 1951, that I last saw the deceased alive on Nov 7, 1951, and that death occurred at 9:30 p.m., from the causes and on the date stated above.			
23A. SIGNATURE George D. Lipitz		23B. ADDRESS 716 S. Parkway Pl. Lx	
23C. DATE SIGNED 11/8/51		23D. NAME OF CEMETERY OR CREMATORY New Cathedral	
23E. LOCATION (City, town, or county) (State) Baltimore, Md.		23F. DATE RECEIVED BY LOCAL REGISTRAR NOV 9 - 1951	
23G. REGISTRAR'S SIGNATURE Lillian C. Mahon		23H. FUNERAL DIRECTOR H. W. Meeks and Sons	
23I. ADDRESS 1118 N. Calvert St.		23J. DATE OF DEATH Nov. 7, 1951	



610

51 9637

51 9637

ND-153685

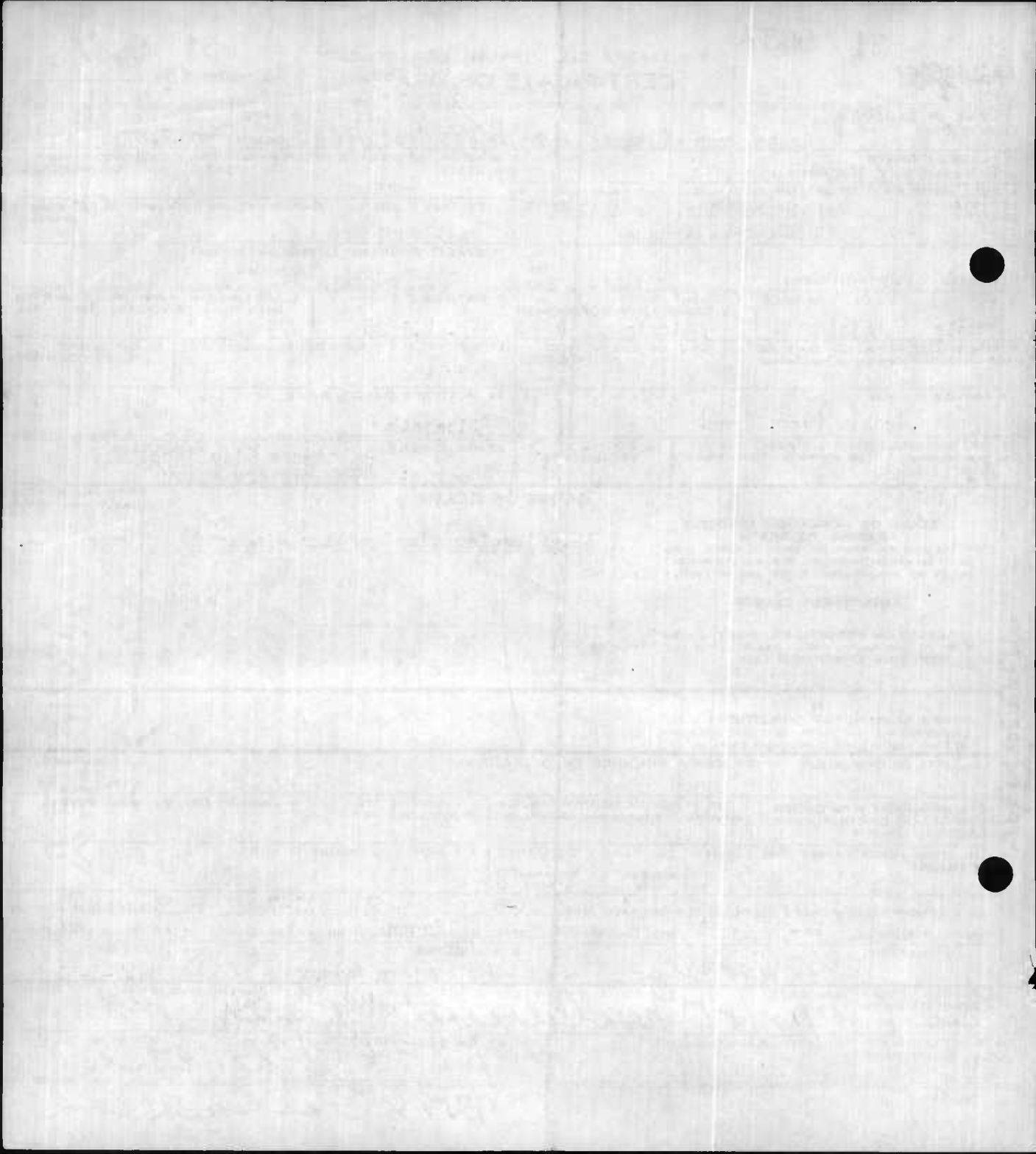
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

1. NAME OF DECEASED (Type or Print) Agnes Groh (Agnes Grob) Agnes Rose Groh			2. DATE OF DEATH Nov. 7, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
5. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Avenue			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 20-07		
c. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 221 McCurley St. (29)		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Mar. 22, 1876		9. AGE (in years last birthday) 75
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Geo. Groh (Geo. Grah)			14. MOTHER'S MAIDEN NAME Elizabeth		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. ?	17. INFORMANT Baltimore City Hospitals Records: 4940 Eastern Avenue		

18. 450.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic Vascular Disease		INTERVAL BETWEEN ONSET AND DEATH Over 1 Yr.
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 11-7-51		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 11-5 , 19 51 , to 11-7 , 19 51 , that I last saw the deceased alive on 11-7 , 19 51 , and that death occurred at 12 noon , from the causes and on the date stated above.					
23A. SIGNATURE H. Rogers		23B. ADDRESS 4940 Eastern Avenue		23C. DATE SIGNED 11-8-51	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE 11/12/51		24C. NAME OF CEMETERY OR CREMATORY New Catholic	
24D. LOCATION (City, town or county) (State) Baltg Md		25. FUNERAL DIRECTOR W. H. Walters 3514 Frederick Ave			
DATE RECEIVED BY LOCAL REGISTRAR NOV 9-1951		REGISTRAR'S SIGNATURE		ADDRESS	



51 9638

51 9638

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mrs. Evelyn M. Roberson

2. DATE
OF
DEATH

11/8/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Md

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

St Agnes Hospital

Yrs.
Mos.
Days

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 16-08

D. STREET ADDRESS (If rural, give location)

757 Grandly Dr.

C. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

7-25-1917

9. AGE (in years
last birthday)

34

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md. BALTO

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Charles Haupt

14. MOTHER'S MAIDEN NAME

Lucille Siler

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 199.8

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

Cerebral

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Senile Coronaritis

DUE TO

(C)

Hypertension C-V disease

2 yrs

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/1/51, 1951, to 11/8, 1951, that I last saw the
deceased alive on 1/8, 1951, and that death occurred at 3:40 p. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

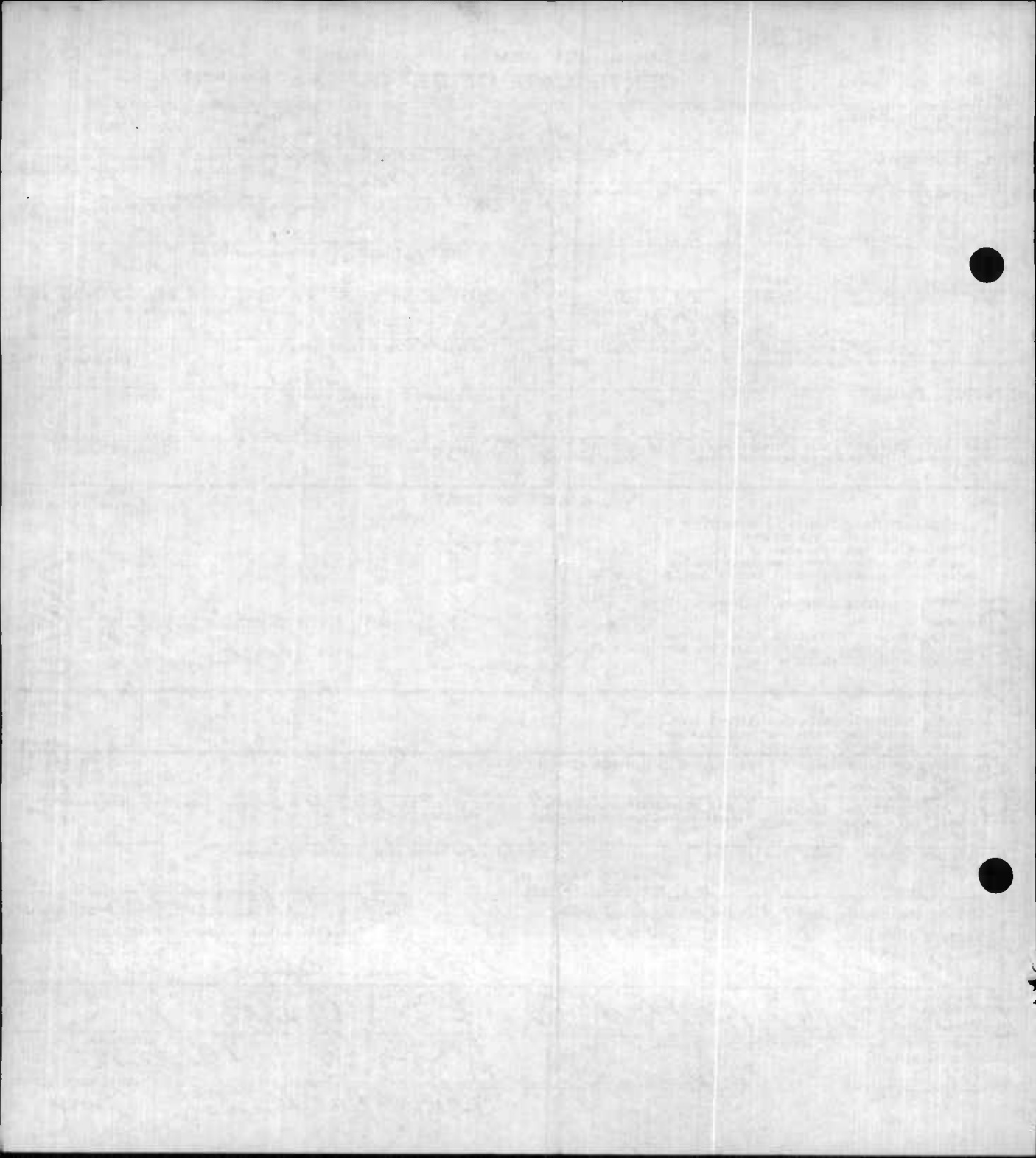
25. FUNERAL DIRECTOR

ADDRESS

VS 150

3512 Frederick Ave
55E

MEDICAL CERTIFICATION



20
51 9639BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Kathryn Webb Bullock

2. DATE
OF
DEATH

Nov-8-1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland Wyman Park Apts.

B. FULL NAME OF HOSPITAL OR INSTITUTION
392 & Beech Dr
Wyman Park Apartments

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

Baltimore City

C. CITY OR TOWN

Baltimore City

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

Beech Ave. (Wyman Park Apts.)

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Apr-17-1867

9. AGE (In years last birthday)

84

H Under 1 Year

Months: Days

H Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR INDUSTRY

None

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

John S. Bullock

14. MOTHER'S MAIDEN NAME

Catherine E. Davis

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

None

None

16. SOCIAL SECURITY NO.

None

17. INFORMANT

ADDRESS

Mr. Findley T. Bullock (nephew) 2905 N. Chase St.

18. 420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

Minutes.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/25/1951, to 11/8/1951, that I last saw the deceased alive on 11/6/1951, and that death occurred at 5:45 P. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

Nov-10-1951

Greenmount

Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 9 - 1951

Stewart & Mowen Co., 108 W. North Avenue,

VS 150

City #1. 94a

MEDICAL CERTIFICATION

STATE OF NEW YORK
LEGISLATIVE DEPARTMENT

January 1, 1901

Albany, New York

Dear Sir:

Very

Respectfully

Yours

Sincerely

Very

Respectfully

Yours

Sincerely

Very

Respectfully

Yours

Sincerely

Very

Respectfully

Yours

Sincerely

Very

246
51 9640BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 9640

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Rev. James Patrick McClarnon

2. DATE
OF
DEATH

11-8-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland 6420 Reisterstown Road

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

The Seton Institute

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE New York, B. COUNTY Ossining

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give
township)

Ossining

D. STREET ADDRESS (If rural, give location)

Catholic Foreign Mission Society of America

C. Length of stay in Baltimore

14 yrs. - 4 mo. - 24 da.

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

6-14-1906

9. AGE (In years
last birthday)

45

10. Under 1 Year
Months Days

4 24

11. Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Catholic Priest

10B. KIND OF BUSINESS OR
INDUSTRY

Religious

13. FATHER'S NAME

— ? —

11. BIRTHPLACE (State or foreign country)

Philadelphia, Pa.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

14. MOTHER'S MAIDEN NAME

— ? —

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

no

16. SOCIAL
SECURITY NO.

no

17. INFORMANT ADDRESS

The Seton Institute

18. 422.2

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Virus Pneumonia

INTERVAL BETWEEN
ONSET AND DEATH

5 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Chronic myocardial disease

3 years

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C) DUE TO

Schizophrenia

15 years

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 1937, 1935, to Feb. 8, 1951, that I last saw the
deceased alive on 11/18/51, 1951, and that death occurred at 5:10 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Halter O. Johnson

M. D.

3703 Clark Lane

23C. DATE SIGNED

11/19/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

Nov-9-51

24C. NAME OF CEMETERY OR CREMATORY

Maryknoll

24D. LOCATION (City, town, or county)

Ossining-N.Y.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Washington Williams

25. FUNERAL DIRECTOR

Stuart M. Morris

ADDRESS

Balto.

620
51 9641

51 9641

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) James F. Myers			2. DATE OF DEATH November 8, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION Doctors Hospital 2724 N. Charles Street			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 13-05		
c. Length of stay in Baltimore 40 years Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) 3236 Keswick Road		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 20, 1881		9. AGE (in years last birthday) 70
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman Retired 1 yr.			10B. KIND OF BUSINESS OR INDUSTRY Hardware		11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U S A			13. FATHER'S NAME James F. Myers		
14. MOTHER'S MAIDEN NAME Helen Elliott			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		
16. SOCIAL SECURITY NO. 212-01-2053			17. INFORMANT ADDRESS Mrs. Charles A. Belt, Jr. 3735 Beech Ave		

18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH <i>Cerebral Hemorrhage</i> (A) _____ DUE TO _____ (B) _____ DUE TO _____ (C) _____		INTERVAL BETWEEN ONSET AND DEATH 6 1/2 hr
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		7

19A. DATE OF OPERATION Nov 8, 1951		19B. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____	
21D. TIME (Month) (Day) (Year) (Hour) INJURY _____		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from Nov 8, 1951 to Nov 8, 1951 , that I last saw the deceased alive on Nov 8, 1951 and that death occurred at 3:40 P. M. , from the causes and on the date stated above.					
23A. SIGNATURE <i>Charles A. Belt, Jr.</i>		23B. ADDRESS 112 W. 25th St		23C. DATE SIGNED Nov. 9, 1951	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Nov. 12, 1951		24C. NAME OF CEMETERY OR CREMATORY Druid Ridge	
24D. LOCATION (City, town, or county) (State) Pikesville, Maryland		25. FUNERAL DIRECTOR ADDRESS Burgee Funeral Home 3631 Falls Road			

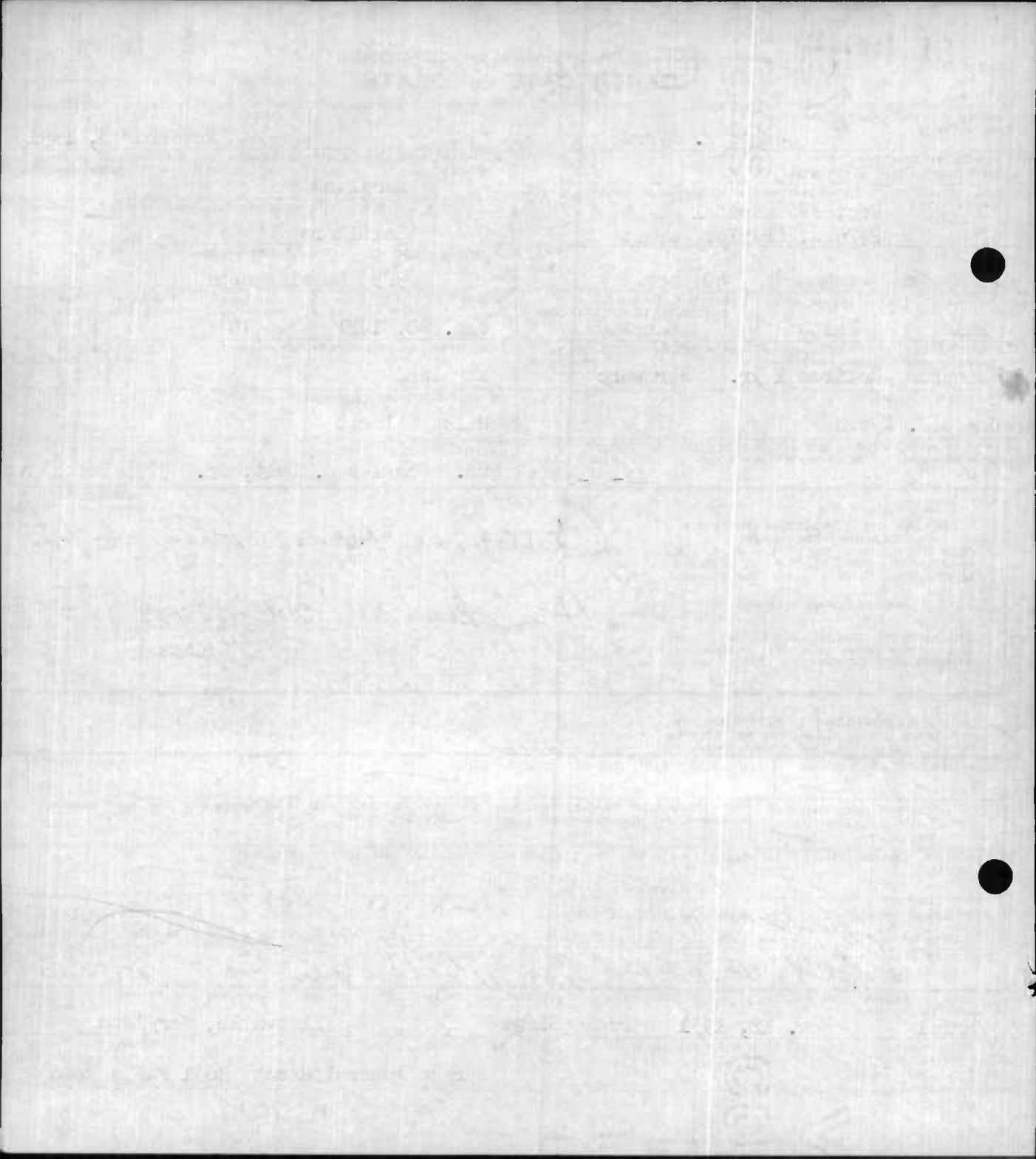
DATE RECEIVED BY LOCAL REGISTRAR
NOV 9 - 1951

REGISTRAR'S SIGNATURE
Carleton Williams

VS 150

49064 *Horace F. Burgee* **93D**

MEDICAL CERTIFICATION



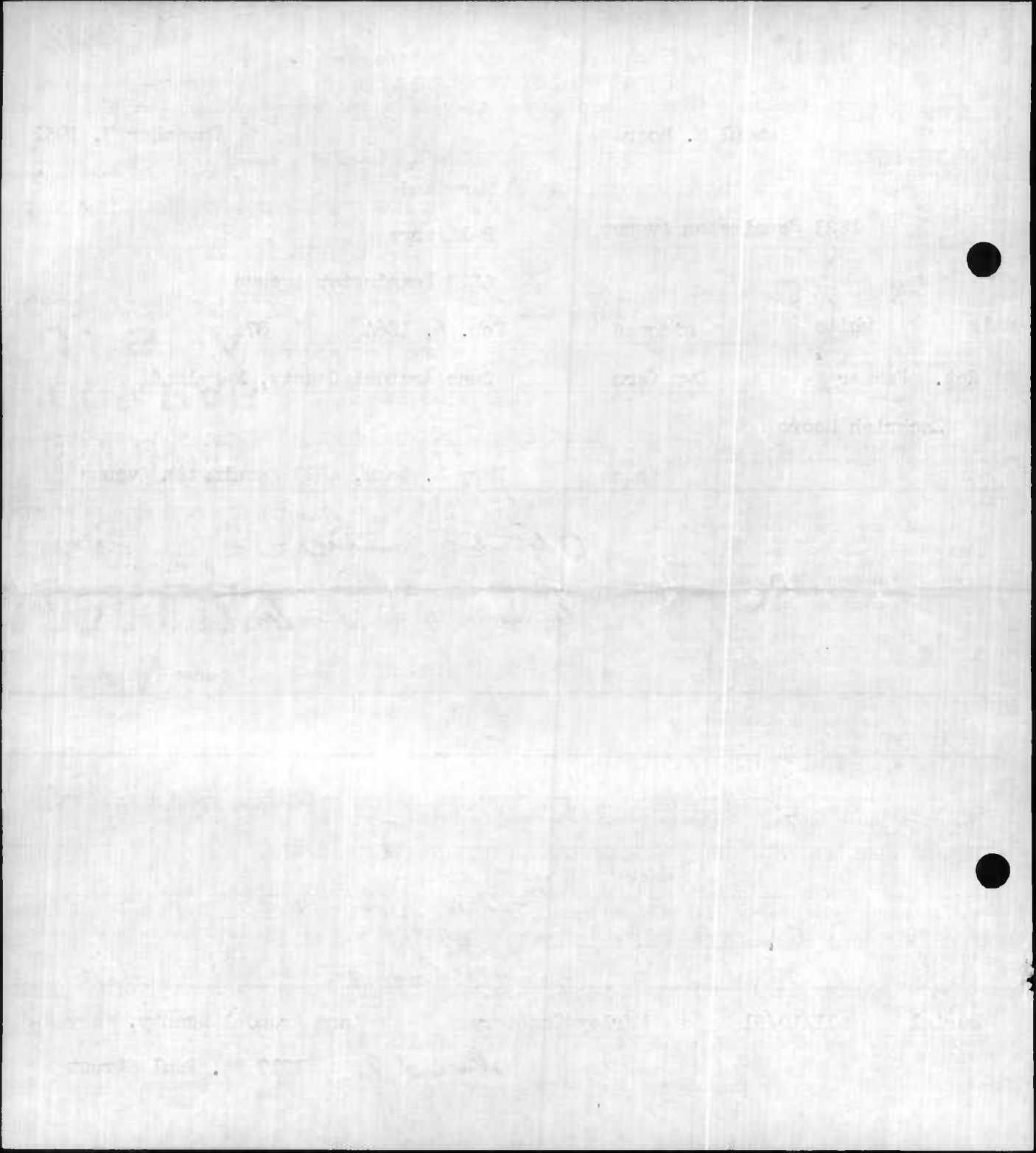
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51 9642

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO.		1. NAME OF DECEASED (Type or Print) Lemuel M. Moore		2. DATE OF DEATH November 7, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland B. COUNTY _____			
B. FULL NAME OF HOSPITAL OR INSTITUTION 4823 Pennington Avenue		C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Baltimore			
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) 4823 Pennington Avenue			
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH Feb. 6, 1864	9. AGE (In years last birthday) 87
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Farmer		10B. KIND OF BUSINESS OR INDUSTRY Own farm		11. BIRTHPLACE (State or foreign country) Anne Arundel County, Maryland	
13. FATHER'S NAME Zachriah Moore		12. CITIZEN OF WHAT COUNTRY? _____			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, oo or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT ADDRESS Mary E. Doam, 4823 Pennington Avenue	
18. 151X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Obstructive Jaundice DUE TO _____		CAUSE OF DEATH (A) Obstructive Jaundice DUE TO _____		INTERVAL BETWEEN ONSET AND DEATH 3 mo.	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE, (A) STATING THE UNDERLYING CONDITION LAST. (B) Carcinoma of the stomach DUE TO _____		(C) _____ DUE TO _____		2 6 mo.	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Sept. 30 , 1951, to Nov. 7 , 1951, that I last saw the deceased alive on Nov. 3 , 1951, and that death occurred at 10:30 P. M. , from the causes and on the date stated above.					
23A. SIGNATURE Adrian P. Gehlert		23B. ADDRESS 4700 Pennington Ave.		23C. DATE SIGNED 11/8/51	
24A. BURIAL, CREMATION, REMOVAL (Specify) burial		24B. DATE 11/10/51		24C. NAME OF CEMETERY OR CREMATORY Marley Cemetery	
24D. LOCATION (City, town, or county) (State) Anne Arundel County, Maryland		25. FUNERAL DIRECTOR ADDRESS Wm. Cook, Inc., 1217 St. Paul Street			



140 51 9643

51 9643

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

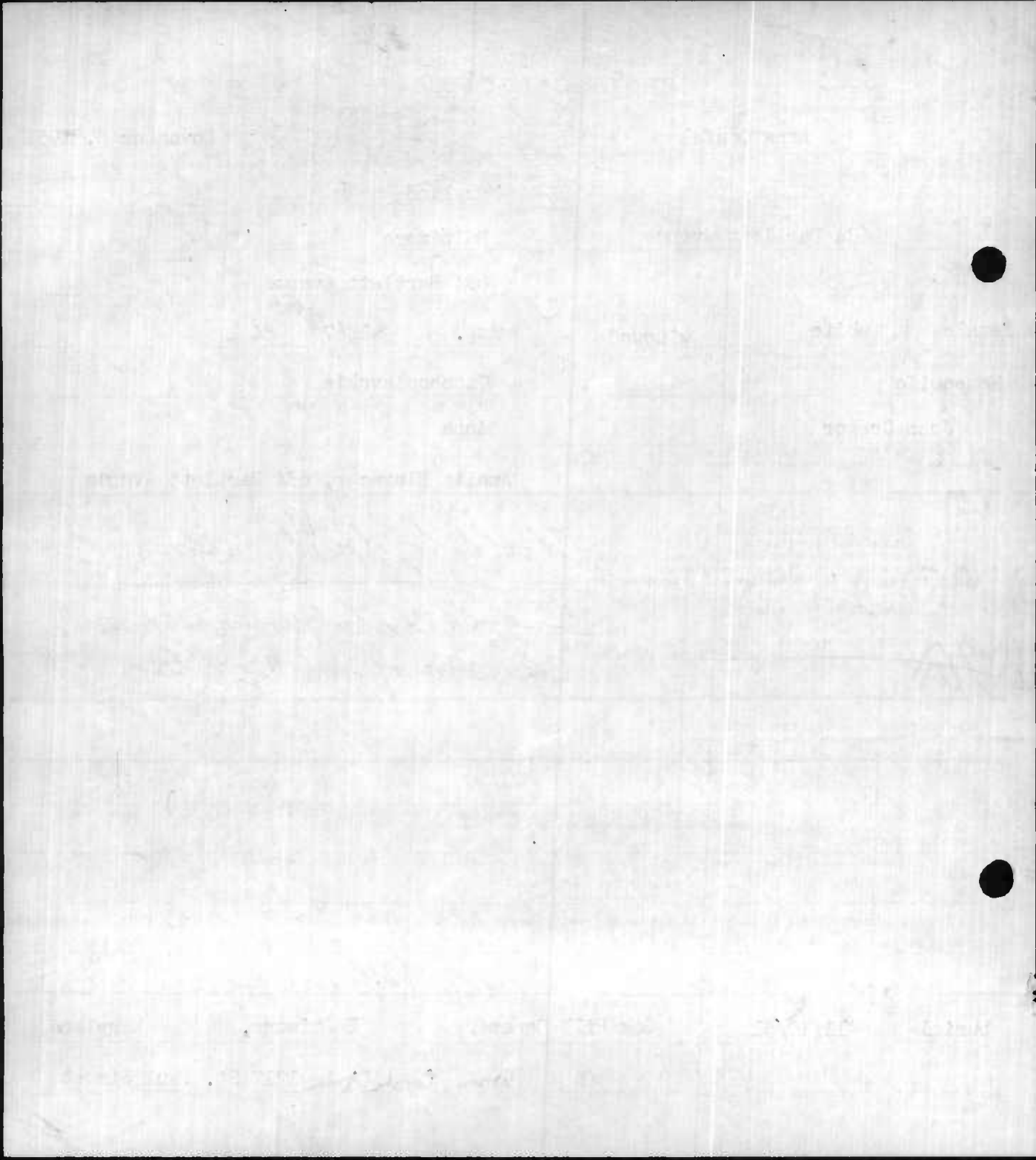
1. NAME OF DECEASED (Type or Print) Anna Coufal		2. DATE OF DEATH November 8, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY _____	
B. FULL NAME OF HOSPITAL OR INSTITUTION 634 Bartlett Avenue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) 634 Bartlett Avenue	
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Aug. 1867
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10B. KIND OF BUSINESS OR INDUSTRY _____	9. AGE (In years last birthday) 84
11. BIRTHPLACE (State or foreign country) Czechoslovakia		12. CITIZEN OF WHAT COUNTRY? _____	
13. FATHER'S NAME John Gregor		14. MOTHER'S MAIDEN NAME Anna	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____	
17. INFORMANT Amelia Hlavacek		ADDRESS 634 Bartlett Avenue	

18. I 334X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Senility, Malnutrition DUE TO _____		CAUSE OF DEATH Senility, Malnutrition	INTERVAL BETWEEN ONSET AND DEATH 3 -
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Grand & Coronary Arteriosclerosis, ? DUE TO _____		Grand & Coronary Arteriosclerosis, ? DUE TO _____	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Chronic rheumatoid arthritis DUE TO _____		Chronic rheumatoid arthritis DUE TO _____	

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input checked="" type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____	
21D. TIME (Month) (Day) (Year) (Hour) INJURY _____		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from Nov 27 , 1951, to Nov 8 , 1951, that I last saw the deceased alive on Nov 5 , 1951, and that death occurred at 9:45 P.M. , from the causes and on the date stated above.					
23A. SIGNATURE Harry Blum		23B. ADDRESS 1108 North Ave		23C. DATE SIGNED 11/9/51	
24A. BURIAL, CREMATION, REMOVAL (Specify) burial		24B. DATE 11/10/51		24C. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery	
24D. LOCATION (City, town, or county) Baltimore,		24E. STATE Maryland			
DATE RECEIVED BY LOCAL REGISTRAR NOV 9 - 1951		REGISTRAR'S SIGNATURE William H. Williams		25. FUNERAL DIRECTOR Wm. Cook	
				ADDRESS 1217 St. Paul Street	

MEDICAL CERTIFICATION

97



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 9644

BIRTH NO. 51 9644

1. NAME OF DECEASED (Type or Print) WILLIAM J. GITTINGS		2. DATE OF DEATH November 8, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Franklin Square Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 2712 W. Baltimore Street		E. LENGTH OF STAY IN BALTIMORE 4 1/2 Yrs. Mos. Days	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH July 19, 1883
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Car Station Attendant		10B. KIND OF BUSINESS OR INDUSTRY Filling Station	
13. FATHER'S NAME Columbus Gittings		14. MOTHER'S MAIDEN NAME Margaret	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) -		16. SOCIAL SECURITY NO. 217-01-1711	
17. INFORMANT Frederick Gittings		ADDRESS 4101 Rasmussen	

18. 420.1 CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Coronary occlusion		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) Myocardial infarct		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?

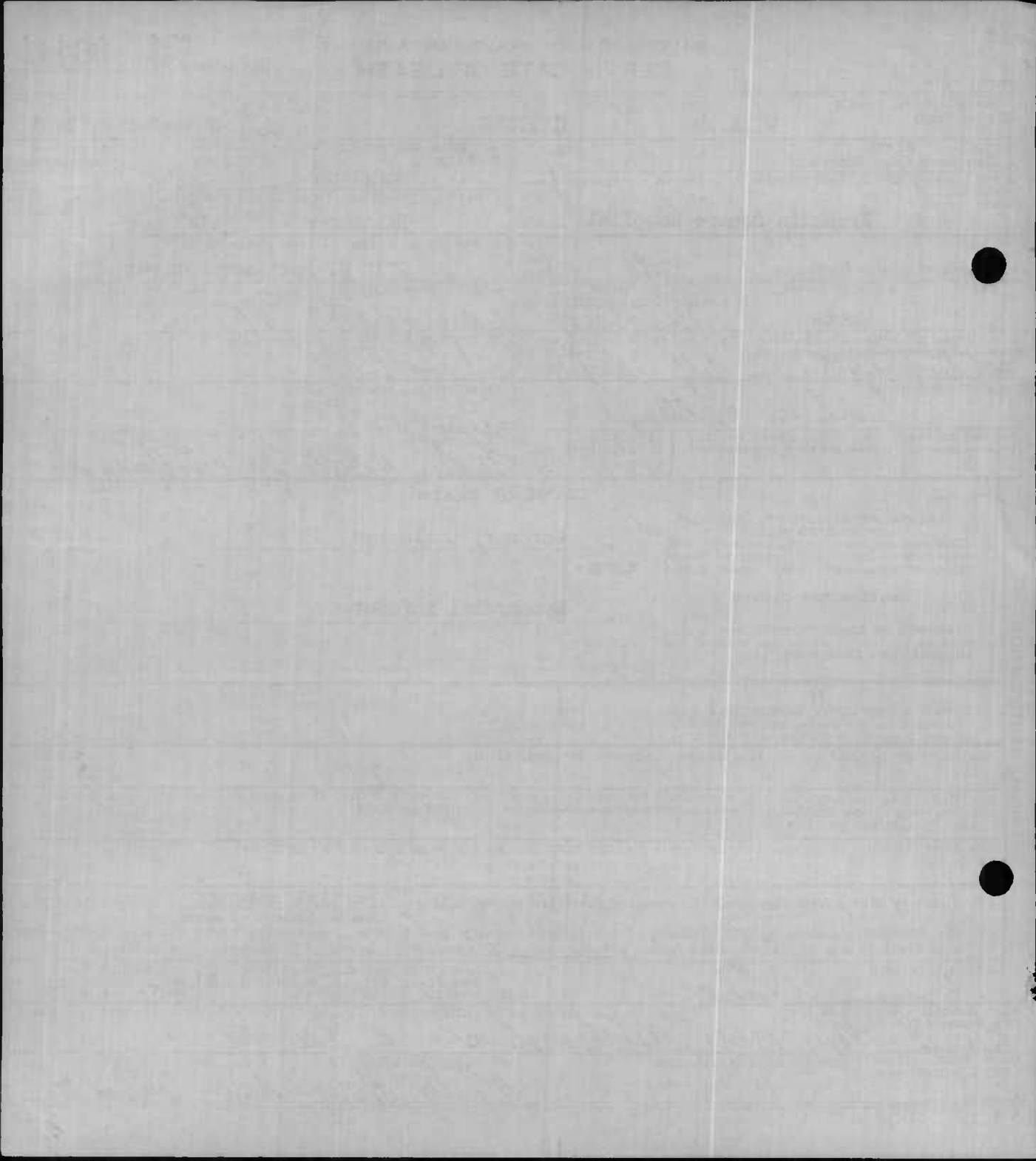
22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE William J. Gittings	23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>	23C. DATE SIGNED Nov. 8, 1951
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Nov 12/51	24C. NAME OF CEMETERY OR CREMATORY Western Ave
24D. LOCATION (City, town, or county) Baltimore		(State)

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE William J. Gittings	25. FUNERAL DIRECTOR Philip Herwig & Sons	ADDRESS 2024 Orleans St
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MEDICAL CERTIFICATION



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **51 9645**

BIRTH NO.

1. NAME OF DECEASED (Type or Print) MAGGIE (Bogues) WILLIAMS			2. DATE OF DEATH November 8, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION Johns Hopkins Hospital			C. CITY OR TOWN (If outside corporate limits, write R.T.P.A. and give township) Baltimore		
C. Length of stay in Baltimore 22 yrs. Yrs. 22 Mos. 0 Days 0			D. STREET ADDRESS (If rural, give location) 413 Mott Street		
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH May 8, 1899	9. AGE (In years last birthday) 52	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maid		10B. KIND OF BUSINESS OR INDUSTRY Has Furniture Co.	11. BIRTHPLACE (State or foreign country) W. C. U. S. A.		12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME Edward Bogues			14. MOTHER'S MAIDEN NAME Rebecca Bebe		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, never unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 212-13-2511	17. INFORMANT Clara Johnson		
			ADDRESS 413 Mott St.		

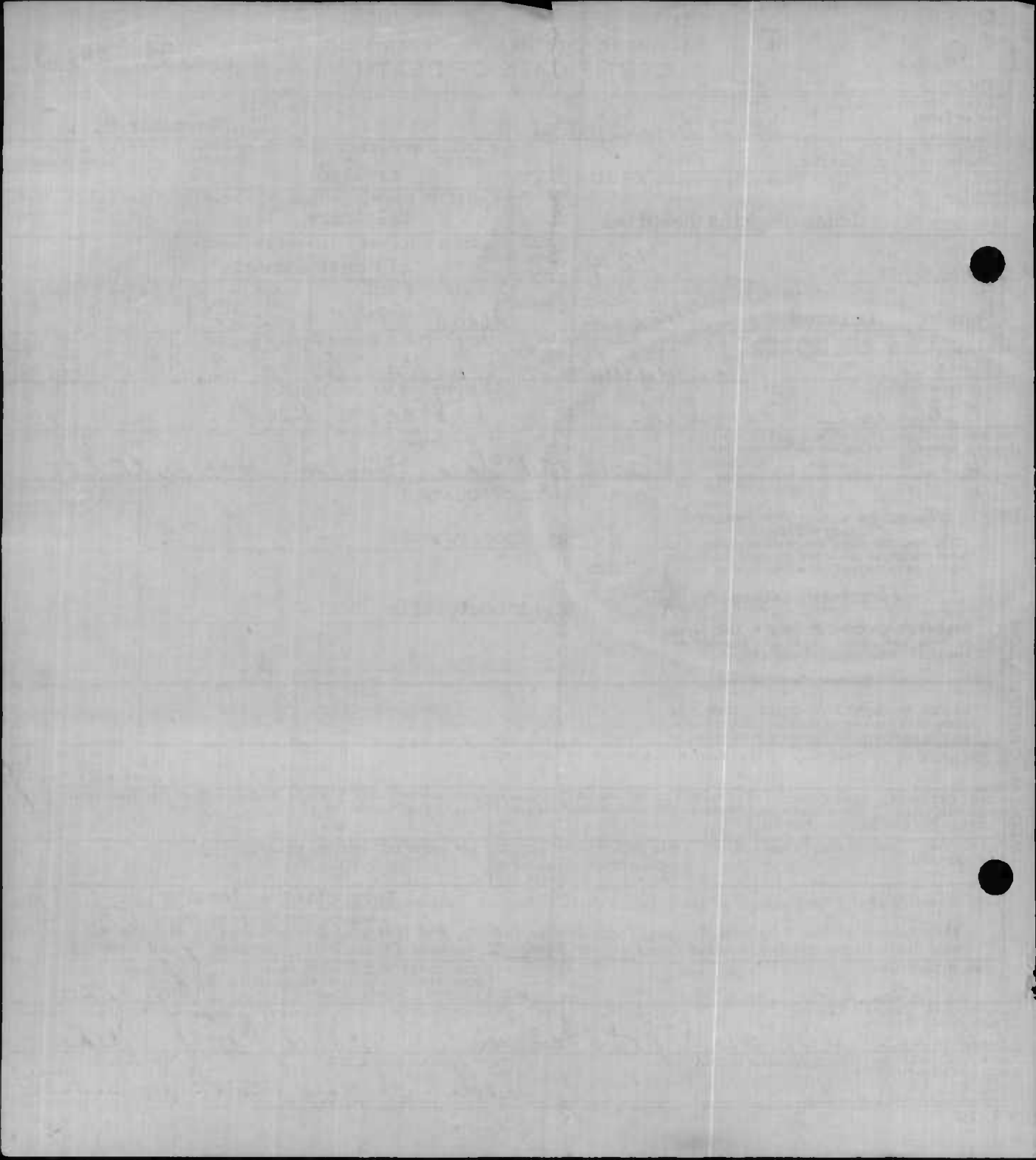
CAUSE OF DEATH

18. 491x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Bronchopneumonia (A) XXXXX		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Right hemiplegia (B) XXXXX		
(C) XXXXX		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> HOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE William V. [Signature]	23B. CHIEF MEDICAL EXAMINER..... <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input checked="" type="checkbox"/> M.D. MEDICAL INVESTIGATOR..... <input type="checkbox"/>	23C. DATE SIGNED Nov. 8, 1951
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 11/12/51	24C. NAME OF CEMETERY OR CREMATORY Mt. Calvary
DATE RECEIVED BY LOCAL REGISTRAR NOV 9 - 1951	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR Robert L. Young
		ADDRESS 1532 E. Monument St.



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. 51 9646

BIRTH NO.

1. NAME OF DECEASED (Type or Print) CECILIA MARIE SCHMIDT			2. DATE OF DEATH November 6, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) St. Joseph's Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
D. STREET ADDRESS (If rural, give location) 1714 E. Federal Street			E. LENGTH OF STAY IN BALTIMORE Yrs. _____ Mos. _____ Days _____		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH May 30, 1914	9. AGE (In years last birthday) 37	If Under 1 Year Months: _____ Days: _____ If Under 24 Hours Hours: _____ Min: _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home			10B. KIND OF BUSINESS OR INDUSTRY		
11. BIRTHPLACE (State or foreign country) Baltimore Md.			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME John Kriss			14. MOTHER'S MAIDEN NAME Mary Walton		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT Peter J. Schmidt			ADDRESS 1714 Federal St.		

18. 581.0 CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Cirrhosis of the liver**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) _____
DUE TO
(C) _____

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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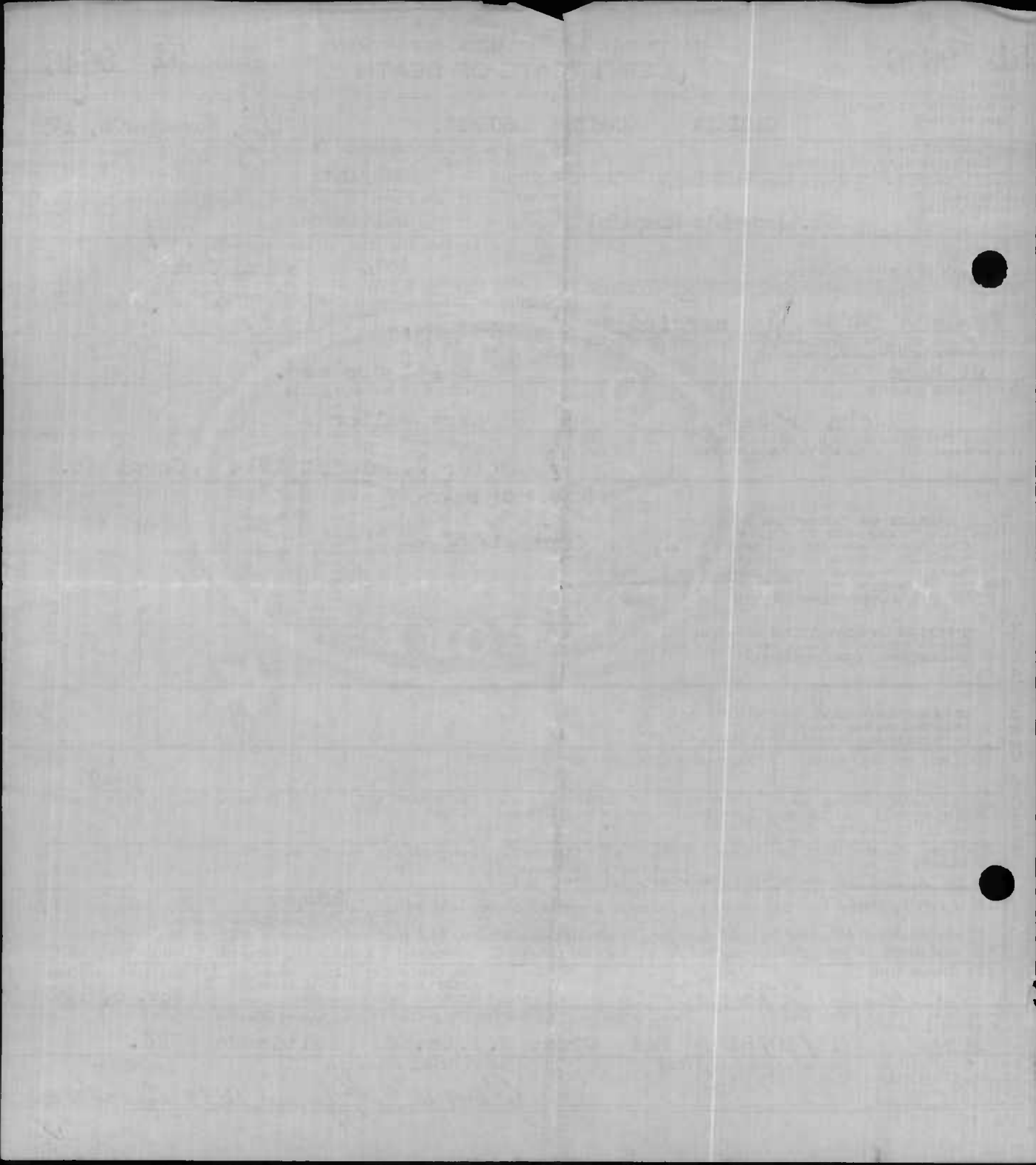
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <i>William W. Schmidt</i>	23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>	23C. DATE SIGNED Nov. 6, 1951
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24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 11/10/51	24C. NAME OF CEMETERY OR CREMATORY Holy Cross A. A. Co. Md	24D. LOCATION (City, town, or county) (State) Baltimore Md.
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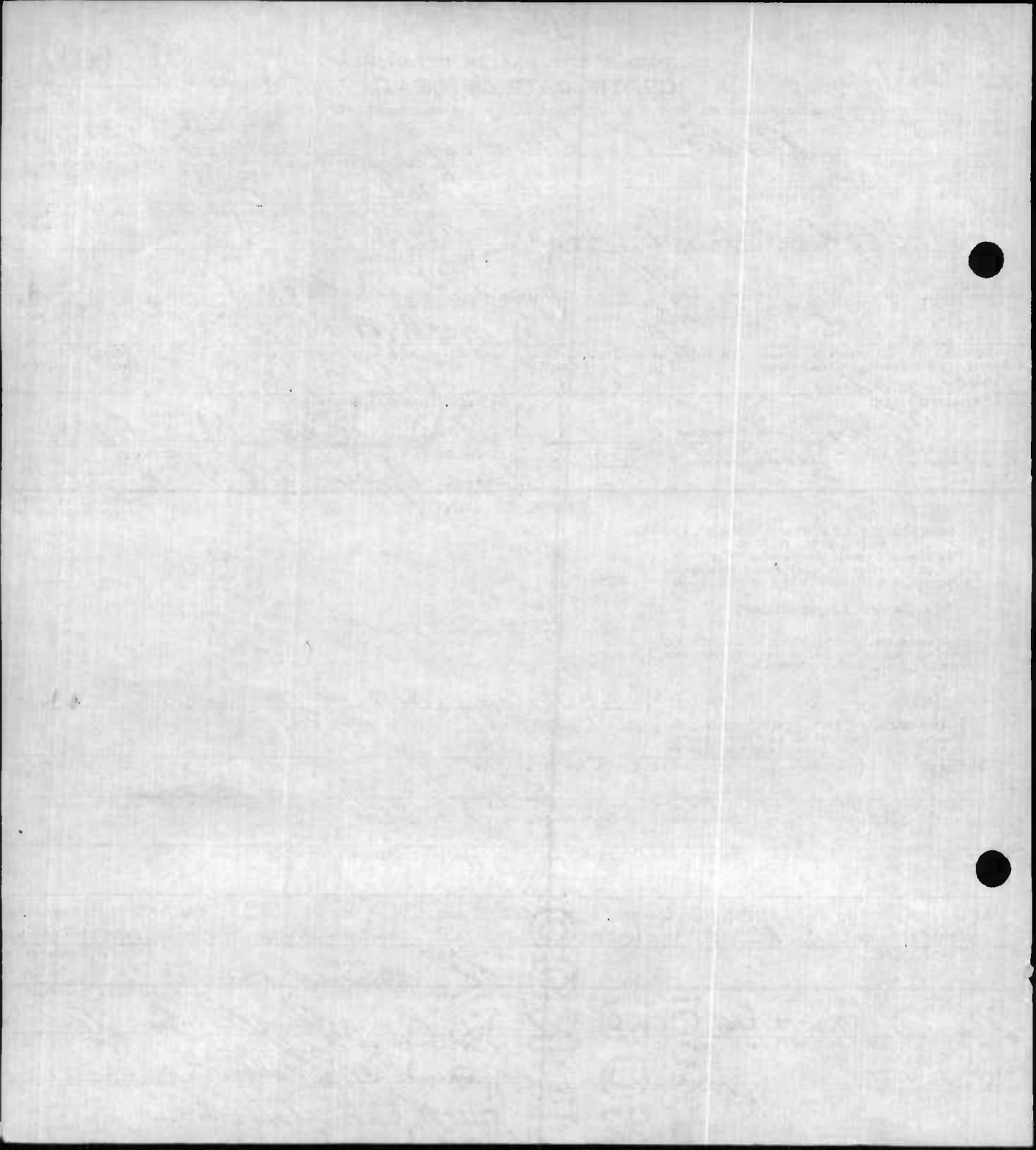
DATE RECEIVED BY LOCAL REGISTRAR NOV 9 - 1951	REGISTRAR'S SIGNATURE <i>Clarence F. Hoffmann</i>	25. FUNERAL DIRECTOR Clarence F. Hoffmann 1639 Broadway	ADDRESS
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600
51 9647BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 9647
Registered No.

1. NAME OF DECEASED (Type or Print) <i>Mittie E. Murray</i>		2. DATE OF DEATH <i>Nov 8-1951</i>	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) a. STATE <i>MD</i> b. COUNTY <i>BALTO.</i>	
b. FULL NAME OF HOSPITAL OR INSTITUTION <i>Good Samaritan Home</i>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>BALTO.</i>	
c. Length of stay in Baltimore <i>40</i> Yrs. Mos. Days		d. STREET ADDRESS (If rural, give location) <i>918 N. Mount</i>	
5. SEX <i>F</i>	6. COLOR OR RACE <i>C</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>W</i>	8. DATE OF BIRTH <i>Nov. 8-1887</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Domestic</i>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years; last birthday) <i>63</i>
11. BIRTHPLACE (State or foreign country) <i>N. C.</i>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>Kelly Henry</i>		14. MOTHER'S MAIDEN NAME <i>Christa Colvin</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <i>Anna Epps - 918 N. Mount St</i>	
18. <i>151X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) <i>CARCINOMA STOMACH</i> DUE TO (B) <i>PERICLEXIA</i> DUE TO (C) <i>ARTERIO-SCLEROTIC CARDIO VASCULAR DISEASE</i>		INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION <i>0</i>		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21d. TIME (Month) (Day) (Year) (Hour) INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>10/25</i> , 19 <i>51</i> , to <i>11/8</i> , 19 <i>51</i> , that I last saw the deceased alive on <i>11/8</i> , 19 <i>51</i> , and that death occurred at <i>7 Am.</i> , from the causes and on the date stated above.			
23a. SIGNATURE <i>William H. Williams, M.D.</i>		23b. ADDRESS <i>201 Cherry Creek Rd.</i>	
23c. DATE SIGNED <i>11/9/51</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>Nov. 12-1951</i>	
24c. NAME OF CEMETERY OR CREMATORY <i>Wheaton Memorial Park</i>		24d. LOCATION (City, town, or county) (State) <i>BALTO. CO MD.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>NOV 9-1951</i>		REGISTRAR'S SIGNATURE <i>William H. Williams, M.D.</i>	
25. FUNERAL DIRECTOR <i>Samuel W. Sullivan, Jr.</i>		ADDRESS <i>7208A 1011 N. Burlington Ave</i>	

7208A 1011 N. Burlington Ave 46B



460

9648

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 9648

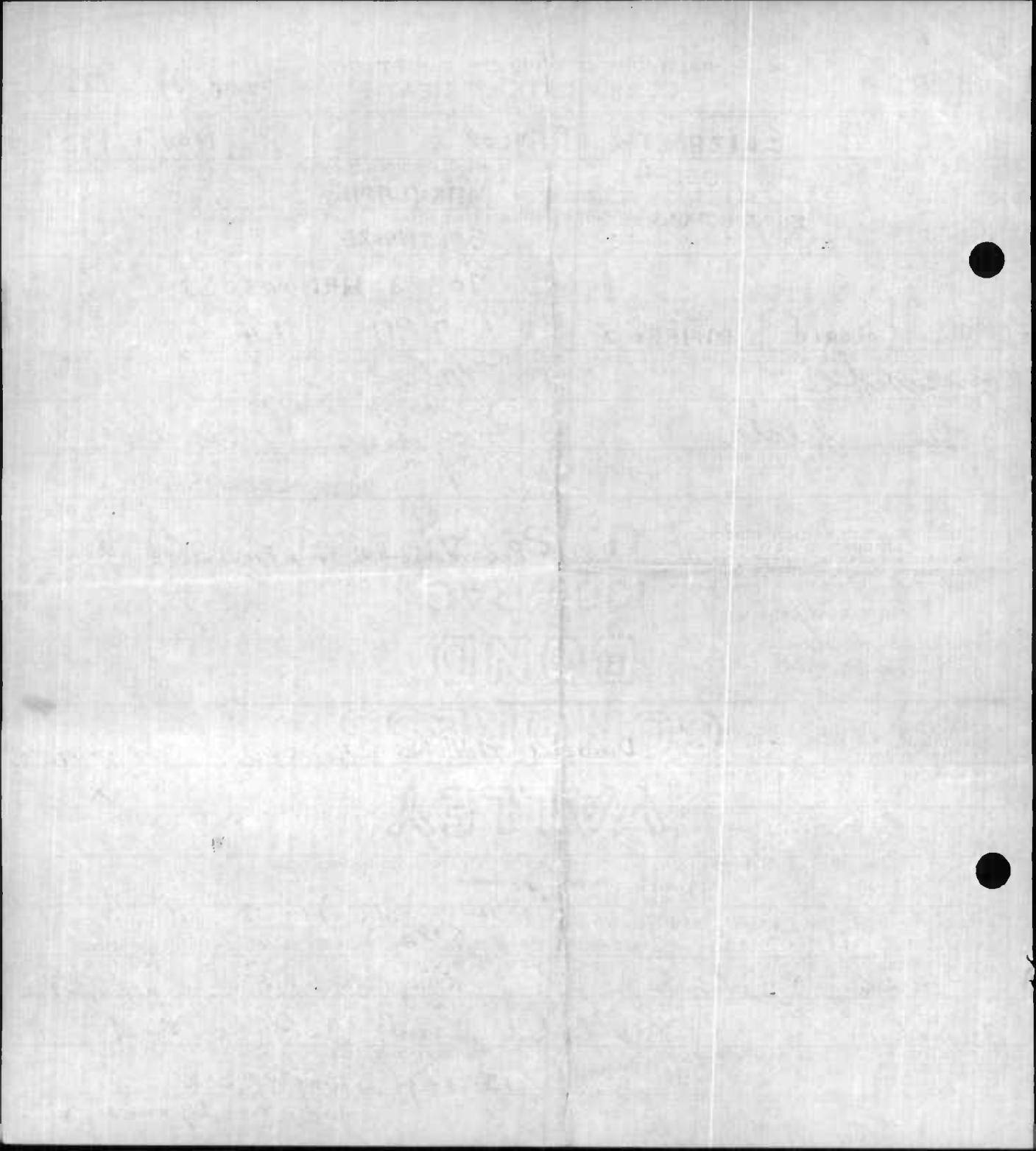
1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
ELIZABETH TAYLOR		NOV 7, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
OSL-4		A. STATE MARYLAND	
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION)		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)	
JOHNS HOPKINS HOSPITAL		BALTIMORE	
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location)	
Yrs. Mos. Days		702 S. HANOVER ST.	
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH
FEMALE	Colored	MARRIED	5-7-97
9A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		9. AGE (In years last birthday)	
Housewife		54	
10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)	
		Md	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
John Lester		Josephine Daunders	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
		17. INFORMANT ADDRESS	
		JOHNS HOPKINS HOSPITAL	

18. 490X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
(A) Lobar Pneumonia-RUL-due to Friedlanders B		DUE TO		8 days	
ANTECEDENT CAUSES		(B)			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO			
(C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		Diabetes Mellitus & HASCVD		1 yr. (approx)	

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 11-4-1951, to 11-7-1951, that I last saw the deceased alive on 11-7-1951, and that death occurred at 5:10 A.M., from the causes and on the date stated above.

23A. SIGNATURE		23B. ADDRESS		23C. DATE SIGNED	
Dudley B. Jackson		JOHNS HOPKINS HOSPITAL		11/7/51	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24C. NAME OF CEMETERY OR CREMATORY		24D. LOCATION (City, town, or county) (State)	
Burial		Mt Calvary Cmt		A.A. Co Md	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR ADDRESS	
NOV 9-1951		ISAIAH L. BROWN, SON		61 108W Montg omery St	



512
9649BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 9649
Registered No.

1. NAME OF DECEASED (Type or Print) Samuel Simpson		2. DATE OF DEATH 11/6/51	
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE 142 W. York Street		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore, City 22-01	
c. Length of stay in Baltimore 6Yrs Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 142 W. York Street	
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 3/5/1925
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10B. KIND OF BUSINESS OR INDUSTRY Canning Factory	9. AGE (In years last birthday) 26
11. BIRTHPLACE (State or foreign country) Wilmington, N.C.		12. CITIZEN OF WHAT COUNTRY	
13. FATHER'S NAME John Simpson (M)		14. MOTHER'S MAIDEN NAME Jane Simpson	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Jane Strange-142 W. York Street		ADDRESS	
18. 490X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH			
(A) Acute Sobar DUE TO Pneumonia			
(B) DUE TO			
(C) DUE TO			
19A. DATE OF OPERATION 0			
19B. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. HOW DID INJURY OCCUR?	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Oct 31, 1951, to Nov 6, 1951, that I last saw the deceased alive on Nov 5, 1951, and that death occurred at 5:42 a.m., from the causes and on the date stated above.			
23A. SIGNATURE Dr. J. L. Brown		23B. ADDRESS 108-P-W	
23C. DATE SIGNED 11/8/51		23D. NAME OF CEMETERY OR CREMATORY Mt Calvary, Ct.	
23E. LOCATION (City, town, or county) A.A. Co., Md.		23F. DATE RECEIVED BY LOCAL REGISTRAR NOV 9 - 1951	
23G. REGISTRAR'S SIGNATURE J. L. Brown		23H. FUNERAL DIRECTOR J. L. Brown	
23I. ADDRESS Montgomery St		23J. VS 150	

970 42

108

STATE OF TEXAS
COUNTY OF DALLAS

IN SENATE

SENATE

COMMITTEE

ON THE

REPORT

OF THE

COMMISSIONERS

OF THE

LAND OFFICE

TO THE

SENATE

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

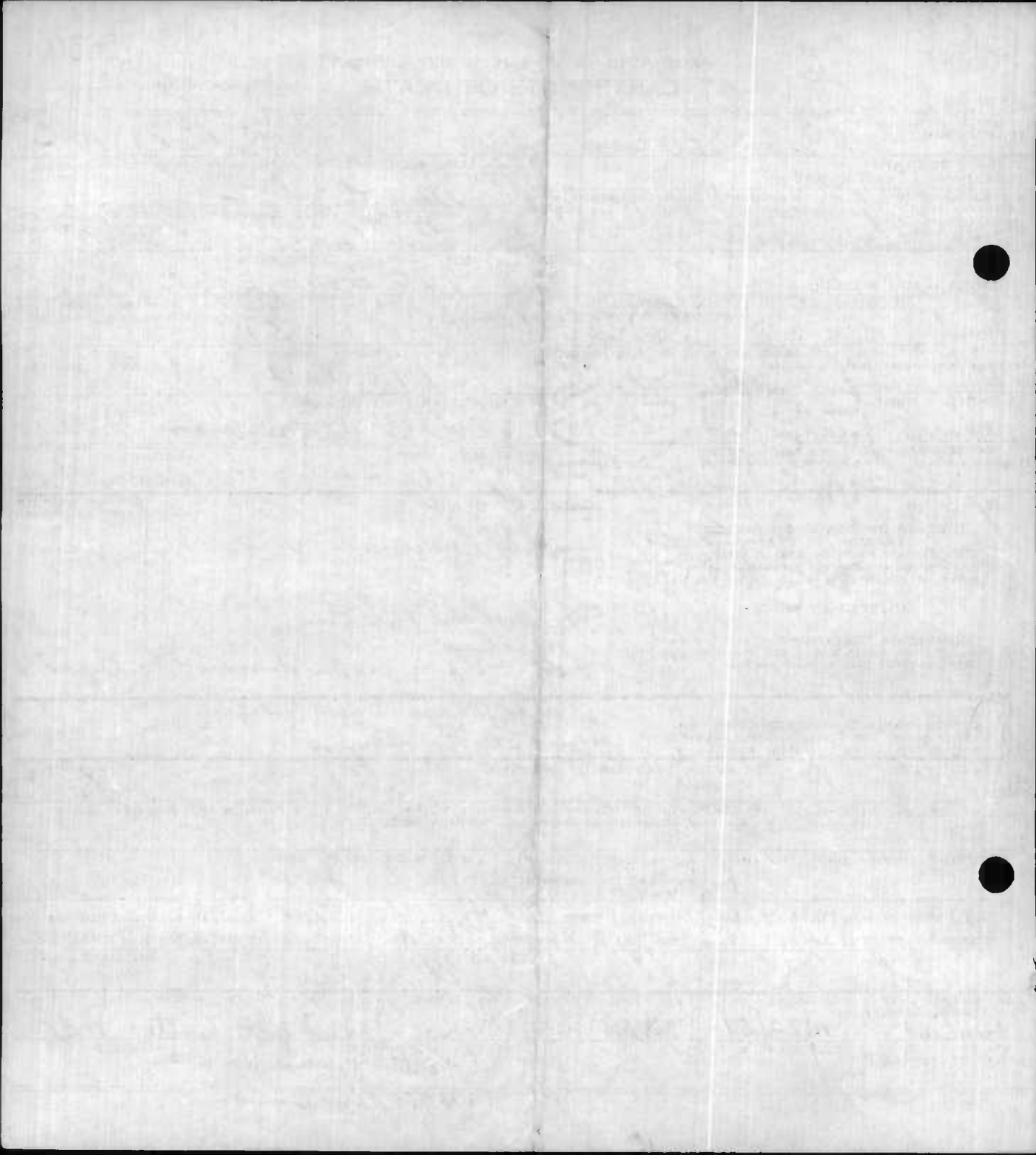
51 9650

Registered No. _____

BIRTH NO. _____		1. NAME OF DECEASED (Type or Print) <i>Elsie Sterling</i>		2. DATE OF DEATH <i>Nov 8, 1951</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY _____			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>University</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i> <i>17-03</i>			
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <i>736 GEORGE ST</i>			
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>?</i>	9. AGE (In years last birthday) <i>51</i>	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>House maid</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Domestic</i>		11. BIRTHPLACE (State or foreign country) <i>Maryland</i>	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME <i>George Richardson</i>		14. MOTHER'S MAIDEN NAME <i>Olivia Richardson Riley</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <i>Lucy Lee 909 Bennett Pl.</i>	

18. <i>456 X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH (A) <i>Lobar Pneumonia</i> DUE TO (B) <i>Hemolytic Anemia?</i> DUE TO <i>Malnutrition</i> (C) <i>Poss. Supra Erythematous Acute Pyemia</i> <i>Acute Vaso motor Collapse</i> <i>Supra Erythematous</i>	INTERVAL BETWEEN ONSET AND DEATH <i>6 days</i> <i>?</i>
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19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Nov 4</i> , 1951, to <i>Nov 8</i> , 1951, that I last saw the deceased alive on <i>Nov 8</i> , 1951, and that death occurred at <i>1130 Am.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>John E. Connolly</i>		23B. ADDRESS <i>21 University</i>		23C. DATE SIGNED <i>11/8/51</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>11/12/51</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Mt. Auburn Cem.</i>	
24D. LOCATION (City, town, or county) (State) <i>Westport Balto. Md.</i>		25. FUNERAL DIRECTOR ADDRESS <i>Metropolitan Funeral Home Inc.</i>			
DATE RECEIVED BY LOCAL REGISTRAR <i>NOV 9 - 1951</i>		REGISTRAR'S SIGNATURE			



263
9651

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 9651

Registered No.

BIRTH NO.	
1. NAME OF DECEASED (Type or Print) EDGAR McCARTY	
2. DATE OF DEATH Nov. 7, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland	
B. FULL NAME OF (If not in hospital or institution, give street address or location) 3227 N. Charles Street Melchor Nursing Home	
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 800 W. Fayette Street	
c. Length of stay in Baltimore Life	
5. SEX M	6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) single	
8. DATE OF BIRTH unknown	
9. AGE (In years last birthday) 74 ?	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none (Blind Man)	
10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Baltimore, Md.	
12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Peyton McCarty	
14. MOTHER'S MAIDEN NAME Sarah ?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no	
16. SOCIAL SECURITY NO. none	
17. INFORMANT 5012 Greenleaf Road Mr. Hamilton Whiteford	

MEDICAL CERTIFICATION

18. 434.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) congestive heart failure DUE TO (A) _____ (B) _____ (C) _____ ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (A) _____ (B) _____ (C) _____ II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. uremia blindness		INTERVAL BETWEEN ONSET AND DEATH 1 month 5 days yrs.	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jan-8-51 , 19 51 , to 11-7- , 19 51 , that I last saw the deceased alive on 11-6- , 19 51 and that death occurred at 4:00P m., from the causes and on the date stated above.			
23A. SIGNATURE E. Elsworth Cook		23B. ADDRESS 2431 Maryland Avenue	23C. DATE SIGNED 11-9-51
24A. BURIAL, CREMATION, REMOVAL (Specify) burial	24B. DATE 11/10/51	24C. NAME OF CEMETERY OR CREMATORY Loudon Park Cemetery	24D. LOCATION (City, town, or county) (State) Baltimore, Md.
DATE RECEIVED BY LOCAL REGISTRAR NOV 9 - 1951	REGISTRAR'S SIGNATURE E. Elsworth Cook	25. FUNERAL DIRECTOR HENRY SANDER & SONS, INC. BALTO., 13, MD.	

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CONFIDENTIAL

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51 9652

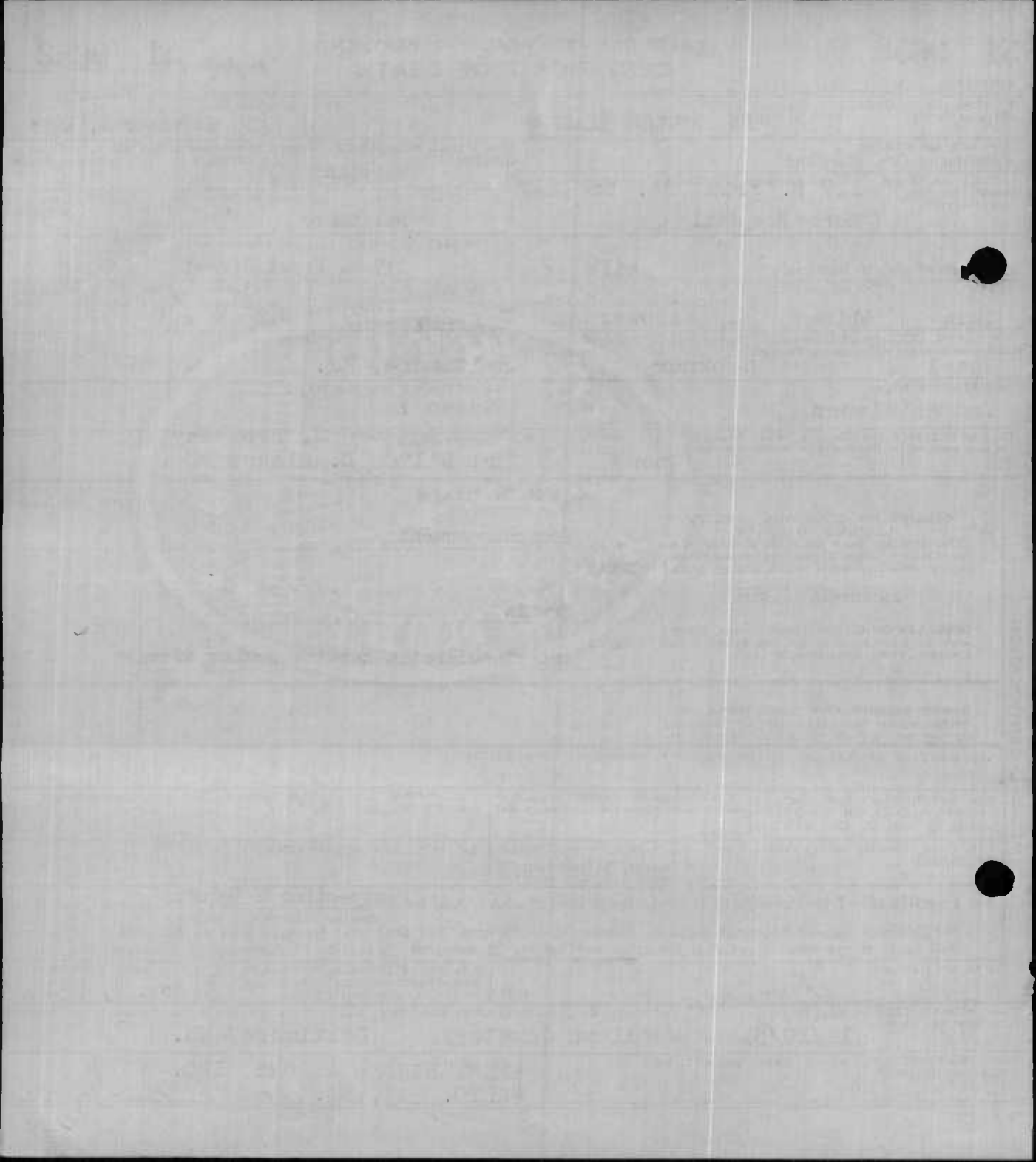
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 9652

BIRTH NO.		2. DATE OF DEATH November 8, 1951	
1. NAME OF DECEASED (Type or Print) JOHN Dutton BLADE S			
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION 117 N. Front St. to Mercy Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 5-01	
D. STREET ADDRESS (If rural, give location) 117 N. Front Street			
5. SEX Male		6. COLOR OR RACE White	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widower		8. DATE OF BIRTH May 28, 1869	
9. AGE (In years last birthday) 82		10. CITIZEN OF WHAT COUNTRY? USA	
11. BIRTHPLACE (State or foreign country) Baltimore, Md.		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Thomas Blades		14. MOTHER'S MAIDEN NAME Susan ?	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. none	
17. INFORMANT 426 S. Broadway Mr. Milton D. Blades			

18. 42201 CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)			
(A) Bronchopneumonia			
ANTECEDENT CAUSES			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			
(B) Uremia			
(C) Arteriosclerotic cardiovascular disease			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .			
23A. SIGNATURE	23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... M.D. MEDICAL INVESTIGATOR.....	23C. DATE SIGNED Nov. 8, 1951	
24A. BURIAL, CREMATION, REMOVAL (Specify) burial	24B. DATE 11/10/51	24C. NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery	24D. LOCATION (City, town, or county) (State) Baltimore, Md.
DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR HENRY SANDER & SONS, INC. ADDRESS BALTO., 13, MD.	

93D



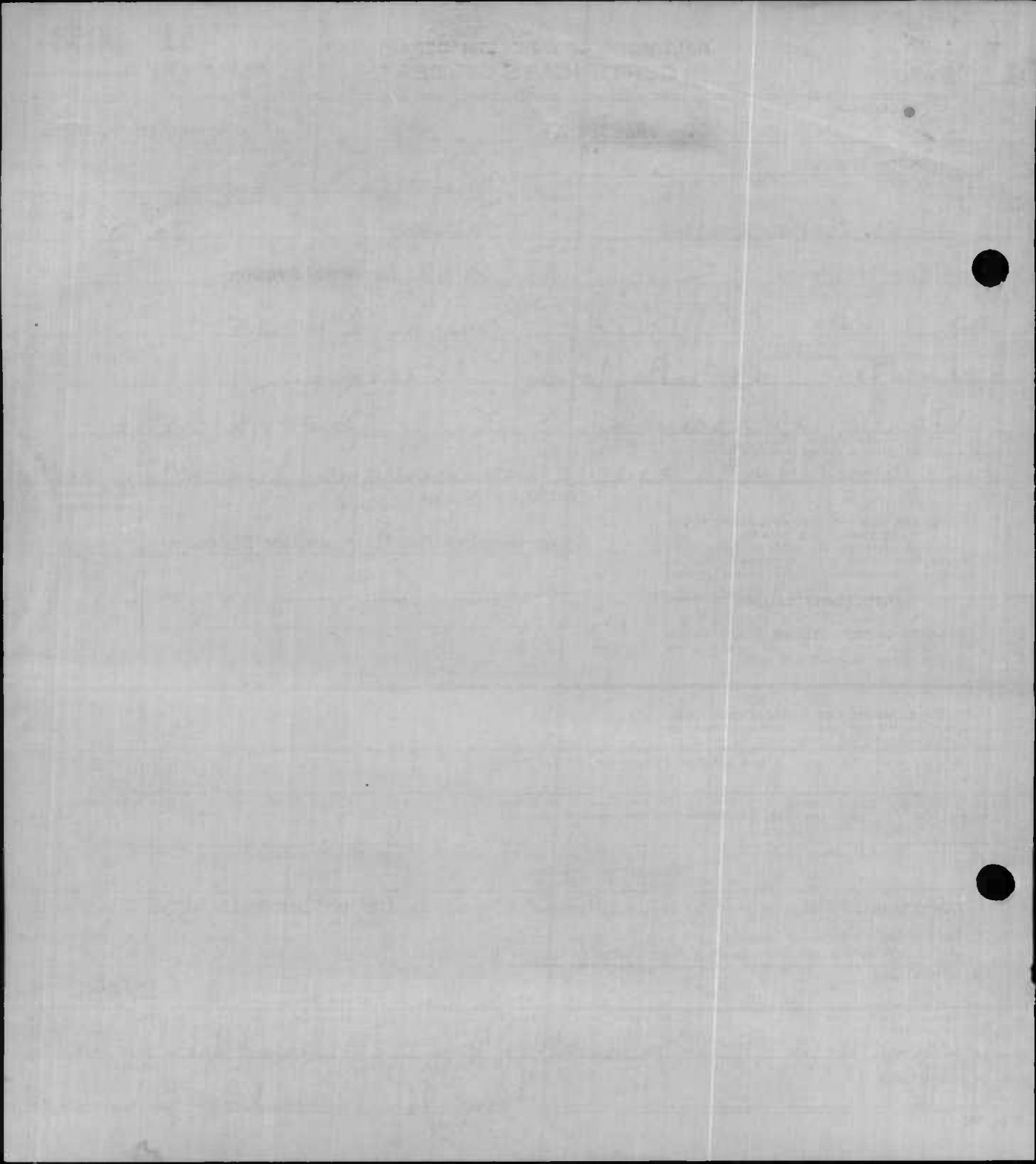
**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

51 9653
Registered No. _____

1. NAME OF DECEASED (Type or Print) PETER J. WRZESINSKI		2. DATE OF DEATH November 9, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY _____	
B. FULL NAME OF HOSPITAL OR INSTITUTION St. Josephs Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 1508 N. Luzerne Avenue		E. AGE (in years last birthday) 55	
F. LENGTH OF STAY IN BALTIMORE _____		G. DATE OF BIRTH June - 21 - 1896	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June - 21 - 1896
9. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10. KIND OF BUSINESS OR INDUSTRY Curtis Bay Laundry	
11. FATHER'S NAME Walter Wrzesinski		12. MOTHER'S MAIDEN NAME Lucy Lewandowski	
13. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) Yes World War I		14. SOCIAL SECURITY NO. 212-87-2576	
15. INFORMANT Frances Wrzesinski		16. ADDRESS 1508 N. Luzerne Ave	
17. CAUSE OF DEATH			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Hypertensive Cardiovascular Disease DUE TO _____			
II. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) _____ (C) _____			
III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
18. DATE OF OPERATION _____		19. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____		21D. HOW DID INJURY OCCUR? _____	
21E. TIME (Month) (Day) (Year) (Hour) (Minute) OF INJURY _____		21F. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
22. I certify that I took charge of the remains described above, held an <u>inspection & inquiry</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> accident <input type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/> .			
23A. SIGNATURE William Borst		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>	
23C. DATE SIGNED 11/9/51			
24A. BURIAL, CREMATION, REMOVAL (Specify) Buried		24B. DATE 11-13-1951	
24C. NAME OF CEMETERY OR CREMATORY Balto. Natl. Cem.		24D. LOCATION (City, town, or county) (State) Fredrick Ave - Balto Md	
DATE RECEIVED BY LOCAL REGISTRAR NOV 9 - 1951		REGISTRAR'S SIGNATURE _____	
FUNERAL DIRECTOR John C. Miller Inc		ADDRESS 2435 E. Oliver St	

51055

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1 9654

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 9654
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) FREIDA Kellman		2. DATE OF DEATH NOVEMBER 8 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY	
5. FULL NAME OF HOSPITAL OR INSTITUTION 537 S Fulton Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 19-04	
C. Length of stay in Baltimore 40		D. STREET ADDRESS (If rural, give location) 537 S. Fulton Ave	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH MAY 8, 1906
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY Own home	9. AGE (In years last birthday) 45
11. BIRTHPLACE (State or foreign country) Russia		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Joseph Zuni Koff		14. MOTHER'S MAIDEN NAME Lottie	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) NO		16. SOCIAL SECURITY NO.	
17. INFORMANT NATHAN Kellman		ADDRESS 537 S Fulton Ave	

18. 153X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
	(A) CARCINOMA OF Liver (Meta Static) DUE TO		6 months
	(B) Adeno CARCINOMA OF the Lower Colon DUE TO		5 years
(C)			

19A. DATE OF OPERATION August 1951	19B. MAJOR FINDINGS OF OPERATION ADENOCARCINOMA OF LOWER COLON METASTATIC CARCINOMA OF LIVER & BILE DUCTS	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **June**, 1946, to **NOVEMBER**, 1951, that I last saw the deceased alive on **Nov 8**, 1951, and that death occurred at **8:12 P.m.**, from the causes and on the date stated above.

23A. SIGNATURE Melvin N. Bradley M. D.	23B. ADDRESS 5000 OLD FREDERICK AVE	23C. DATE SIGNED 11/8/51
24A. BURIAL, CREMATION, REMOVAL (Specify) burial	24B. DATE 11-11-51	24C. NAME OF CEMETERY OR CREMATORY Bnai Israel
24D. LOCATION (City, town, or county) (State) Balto Md		25. FUNERAL DIRECTOR Jack Lewis Inc
DATE RECEIVED BY LOCAL REGISTRAR NOV 9 - 1951		REGISTRAR'S SIGNATURE Frederick Williams
26. ADDRESS 2100 Custer Pl		

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

51 9655
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) LOUIS ANTHONY BAKER			2. DATE OF DEATH Nov. 6, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY _____		
5. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) US Public Health Service Hospital			C. CITY OR TOWN (If rural, give location) Baltimore		
6. Length of stay in Baltimore 113 days			D. STREET ADDRESS (If rural, give location) 5217 York Road		
7. SEX M	8. COLOR OR RACE W	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	10. DATE OF BIRTH 9/19/07	11. AGE (in years last birthday) 44	12. Under 1 Year Months: Days Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chauffeur			10B. KIND OF BUSINESS OR INDUSTRY Armco Steel Corp		
11. BIRTHPLACE (State or foreign country) Md.			12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME Louis A. Baker			14. MOTHER'S MAIDEN NAME Margaret Mary O'Donnell		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) ?			16. SOCIAL SECURITY NO. ?		
17. INFORMANT Records- US PHS HOSPITAL, BALTO, Md.			ADDRESS _____		

18. CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Squamous carcinoma of right lung with metastases		over 1 year
DUE TO (A) _____		
ANTECEDENT CAUSES		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Pulmonary edema		unknown
DUE TO (B) _____		
DUE TO (C) _____		
19. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 2/		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
22. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from July 16, 1951 , to Nov. 6, 1951 , that I last saw the deceased alive on Nov. 6, 1951 , and that death occurred at 2:50P m. , from the causes and on the date stated above.				
23A. SIGNATURE John S. Benson		23B. ADDRESS US PHS HOSPITAL, BALTO, Md.		23C. DATE SIGNED 11/7/51
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 11-10-51		24C. NAME OF CEMETERY OR CREMATORY Cathedral Cemetery
24D. LOCATION (City, town, or county) City		(State) _____		
DATE RECEIVED BY LOCAL REGISTRAR NOV 9-1951		REGISTRAR'S SIGNATURE Wiederfeld & Son		25. FUNERAL DIRECTOR WIEDERFELD & SON
ADDRESS _____		ADDRESS _____		

VS 150

6F33D

GREENMOUNT AVE & 22ND

47D

MEDICAL CERTIFICATION

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554

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

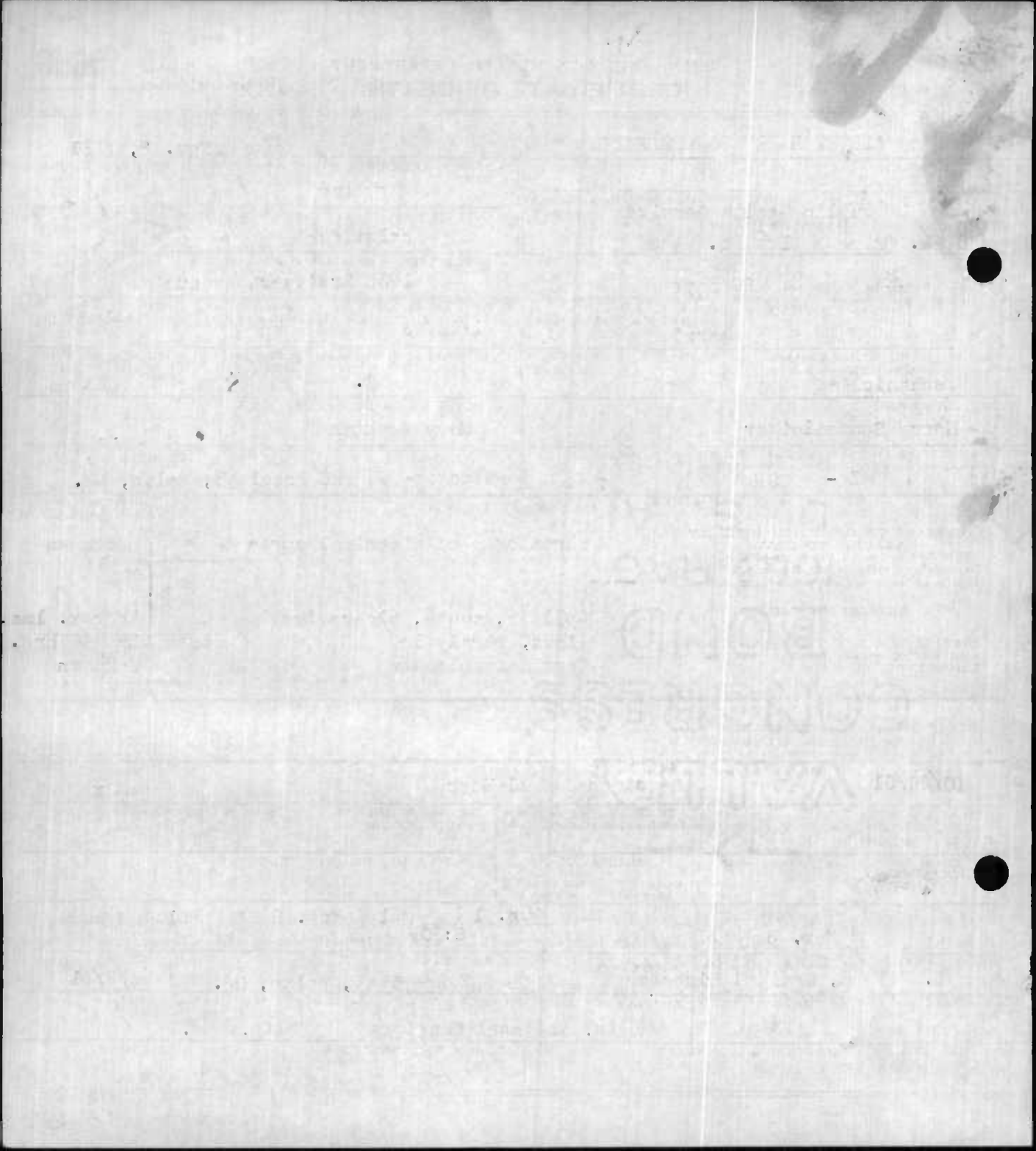
51 9656

Registered No. _____

BIRTH NO. 9656

1. NAME OF DECEASED (Type or Print) ALBERT HARRY SONNENLEITER		2. DATE OF DEATH Nov. 8, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY _____	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR US Public Health Service Hospital Wyman Pk. Drive & 31st St.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 25-43	
c. Length of stay in Baltimore 99 days		D. STREET ADDRESS (If rural, give location) 1933 Breitwert Avenue	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 1/12/93
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic		10B. KIND OF BUSINESS OR INDUSTRY Sea	9. AGE (In years last birthday) 58
13. FATHER'S NAME Henry Sonnenleiter		11. BIRTHPLACE (State or foreign country) Md.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) Yes		12. CITIZEN OF WHAT COUNTRY? USA	
16. SOCIAL SECURITY NO. ?		14. MOTHER'S MAIDEN NAME Mary Beckman	
17. INFORMANT Records- US PHS Hospital, Balto, Md.		ADDRESS Records- US PHS Hospital, Balto, Md.	

18. 181X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Thrombosis of abdominal aorta		INTERVAL BETWEEN ONSET AND DEATH Unknown
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Colitis, acute, ulcerative Ileus, paralytic Carcinoma bladder		Approx. 1mo. Less than 48 hrs. Unknown
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19A. DATE OF OPERATION 10/26/51	19B. MAJOR FINDINGS OF OPERATION Carcinoma of bladder	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <input type="checkbox"/>	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <input type="checkbox"/>
22. TIME (Month) (Day) (Year) (Hour) INJURY m.	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR? <input type="checkbox"/>
22. I hereby certify that I attended the deceased from Aug. 1 , 1951, to Nov. 8 , 1951, that I last saw the deceased alive on Nov. 8 , 1951, and that death occurred at 2:30P m., from the causes and on the date stated above.		
23A. SIGNATURE John L. Wilson, Medical Director	23B. ADDRESS US PHS Hospital, Balto, Md.	23C. DATE SIGNED 11/9/51
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 11/13/51	24C. NAME OF CEMETERY OR CREMATORY Balto. National Cemetery
24D. LOCATION (City, town, or county) Balto., Md.		(State) Md.
DATE RECEIVED BY LOCAL REGISTRAR NOV 9 - 1951	REGISTRAR'S SIGNATURE Dr. M. J. Lickner & Sons	25. FUNERAL DIRECTOR Dr. M. J. Lickner & Sons
ADDRESS 523 Balto, Md.		



632
91 9657

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 9657

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

EMMA ANTONIO LERTZ

2. DATE
OF
DEATH

11/7/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

Md.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Mercy Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

15 48

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

2305 Garrison Blvd.

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Sept 12 1868

9. AGE (in years last birthday)

83

10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

none

10B. KIND OF BUSINESS OR INDUSTRY

none

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Reinhold Lertz

14. MOTHER'S MAIDEN NAME

Rosalie Vocke

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

-

16. SOCIAL SECURITY NO. no

17. INFORMANT

ADDRESS

Miss Bertha Lertz-2401 Garrison Blvd

18. 586x

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Toxemia, biliary

2 weeks

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

Obstructive jaundice

8 weeks

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Nov 7, 1951 to Nov 7, 1951, that I last saw the deceased alive on Nov 7, 1951, and that death occurred at 4:10 Pm., from the causes and on the date stated above.

23A. SIGNATURE

L. Dale Simmons

M. D.

23B. ADDRESS

Mercy Hospital

23C. DATE SIGNED

11/7/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

11/10/51

24C. NAME OF CEMETERY OR CREMATORY

Baltimore Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 9 - 1951

Thos. J. Lickner & Sons

Balto. Md 127B

3

CONFIDENTIAL
EXCLUDED FROM AUTOMATIC
DOWNGRADING AND
DECLASSIFICATION



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **51 9658**

BIRTH NO. 324		1. NAME OF DECEASED (Type or Print) Stella V. Etzler		2. DATE OF DEATH 11. 8. 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Doctors Hospital				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
C. Length of stay in Baltimore 65 years				D. STREET ADDRESS (If rural, give location) 3614 - 3rd St. Brooklyn # 25	
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH July 24, 1882		9. AGE (In years, last birthday) 69
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife			10B. KIND OF BUSINESS OR INDUSTRY at home		11. BIRTHPLACE (State or foreign country) Maryland
13. FATHER'S NAME William C. Van Nostrand			14. MOTHER'S MAIDEN NAME Gertrude E. Monks		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no			16. SOCIAL SECURITY NO. no		
17. INFORMANT Mr. Frank L. Etzler			ADDRESS 3614 - 3rd St. Md.		

18. E903.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Acute pulmonary embolism.	CAUSE OF DEATH Acute pulmonary embolism.	INTERVAL BETWEEN ONSET AND DEATH 15 min.
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) CERTIFICATION APPROVED BY Stanley S. Decker M. D. CHIEF OR ASST. MEDICAL EXAMINER		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 10.26.1951		19B. MAJOR FINDINGS OF OPERATION fracture of left hip		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) home	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Brooklyn at home 3614 - 3rd St.			
21D. TIME (Month) (Day) (Year) (Hour) 10.24.1951 at 8am	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? fell on the floor while cleaning the room			
22. I hereby certify that I attended the deceased from 10.24.1951 , to 11.8.1951 , that I last saw the deceased alive on 11.7.1951 , and that death occurred at 9:30 a.m. , from the causes and on the date stated above.					
23A. SIGNATURE Stanley S. Decker		23B. ADDRESS Howard Rd & Druid Hill Rd		23C. DATE SIGNED 11-9-51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 11/12/51	24C. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cem.		24D. LOCATION (City, town, or county) (State) Balto., Md.	
DATE RECEIVED BY LOCAL REGISTRAR NOV 9 - 1951		REGISTRAR'S SIGNATURE Dr. M. J. Tickner & Saw		25. FUNERAL DIRECTOR Balto 17, Md. 186a	

MEDICAL CERTIFICATION

Sund Lo. Dr. J. H. Waseritz.
Temple Garden Apt. - Wa. 571
Clarendon & Rd. 4 Druid Hill Park.

Have Okay'd by M. E. Office

436
51 9659

REA-152999

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 9659

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Norma Jean Sluyter

2. DATE
OF DEATH

Nov. 7, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

(If not in hospital or institution, give street address or location)
Baltimore City Hospitals
4940 Eastern Avenue

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

4406 Old Frederick Road-29

C. Length of stay in Baltimore

2 years

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Aug. 14, 1926

9. AGE (In years last birthday)

25

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Vermont

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Theron Guild

14. MOTHER'S MAIDEN NAME

Mattie Summerville

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Records: B. C. H. 4940 Eastern Avenue

18. 080.0

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Polio-myelitis, Acute, amb.
Spinal and Bulbar

1 Month

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

10-11-51

19B. MAJOR FINDINGS OF OPERATION

Tracheotomy

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-11-51, to 11-7-51, that I last saw the deceased alive on 11-7-51, and that death occurred at 10:45 P.M., from the causes and on the date stated above.

23A. SIGNATURE

J. S. Doyen M. D.

23B. ADDRESS

4940 Eastern Avenue

23C. DATE SIGNED

11-8-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

11/10/51

24C. NAME OF CEMETERY OR CREMATORY

Landon Pl. Crematory, Balto. Ind.

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

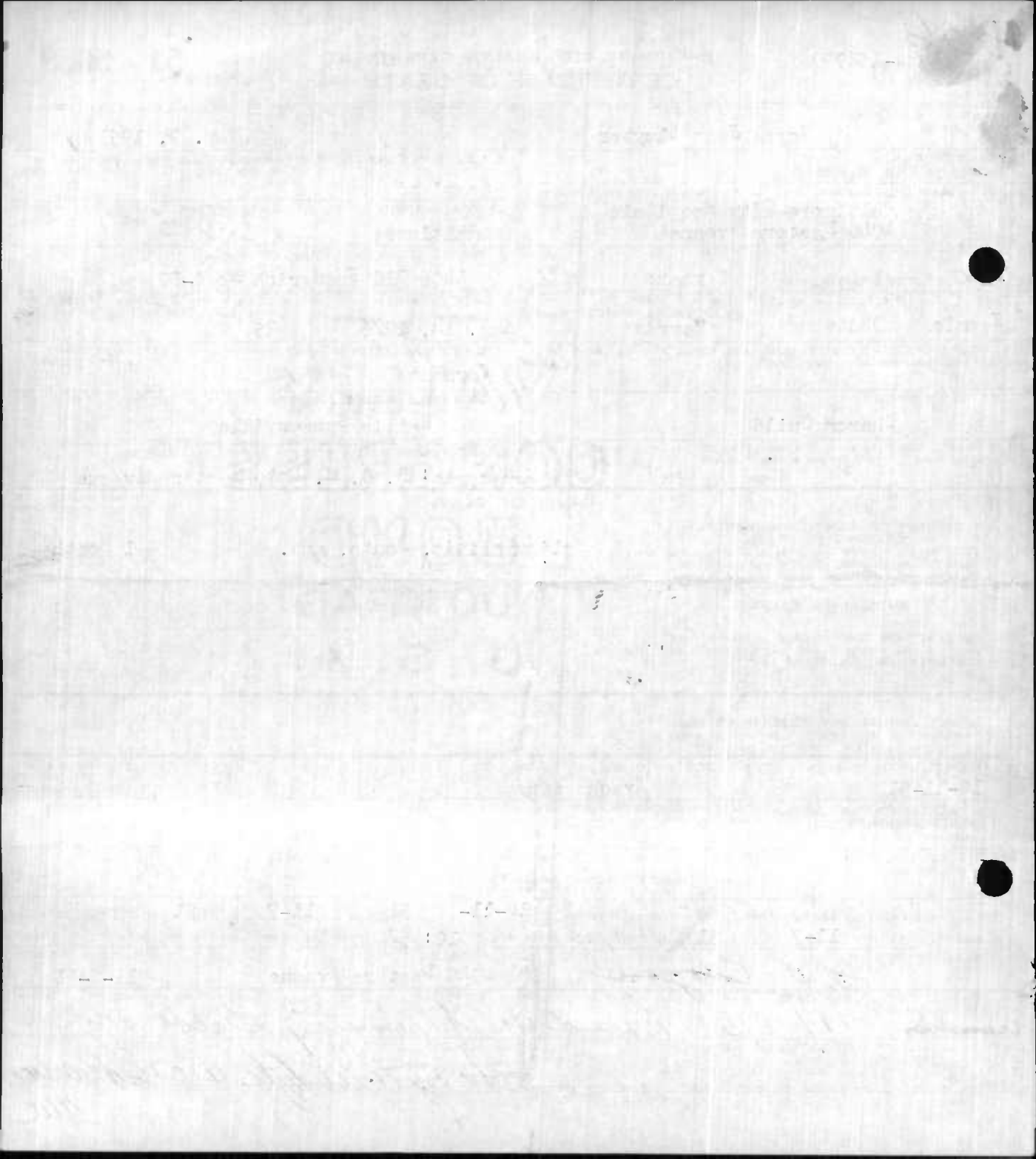
REGISTRAR'S SIGNATURE

John Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Harry H. Dwyer, 4101 Edmonson



600

51 9660

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 9660

Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) Agnes L. Bray		2. DATE OF DEATH Nov. 7/51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore			
B. FULL NAME OF HOSPITAL OR INSTITUTION 4000 Edmondson Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
c. Length of stay in Baltimore 25 yrs		D. STREET ADDRESS (If rural, give location) 4000 Edmondson Ave.			
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Feb. 5, 1871	9. AGE (In years last birthday) 80	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Va.	
13. FATHER'S NAME Synica Vanlandingham		12. CITIZEN OF WHAT COUNTRY?			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Mrs. Bertie Wissig, 4000 Edmondson Ave	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) 422.1 Arteriosclerotic cardio-vascular disease		CAUSE OF DEATH (A) Arteriosclerotic cardio-vascular disease DUE TO (B) Cerebral vascular accident probably a thrombus DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH 3 yrs. 11/1/51	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from March 11, 1948 to Nov. 7, 1951 that I last saw the deceased alive on Nov. 7, 1951 and that death occurred at 10:00 A.M. from the causes and on the date stated above.					
23A. SIGNATURE <i>[Signature]</i>		23B. ADDRESS 3030 Edmondson Avenue		23C. DATE SIGNED 11/9/51	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE Nov. 10/51		24C. NAME OF CEMETERY OR CREMATORY Roseland Cemetery,	
24D. LOCATION (City, town, or county) (State) Readville, Virginia.					
DATE RECEIVED BY LOCAL REGISTRAR NOV 9 - 1951		REGISTRAR'S SIGNATURE <i>[Signature]</i>		25. FUNERAL DIRECTOR <i>[Signature]</i>	
				ADDRESS 4101 Edmondson Ave.	

1938

THE NATIONAL BUREAU OF INVESTIGATION
UNITED STATES DEPARTMENT OF JUSTICE

100-100000

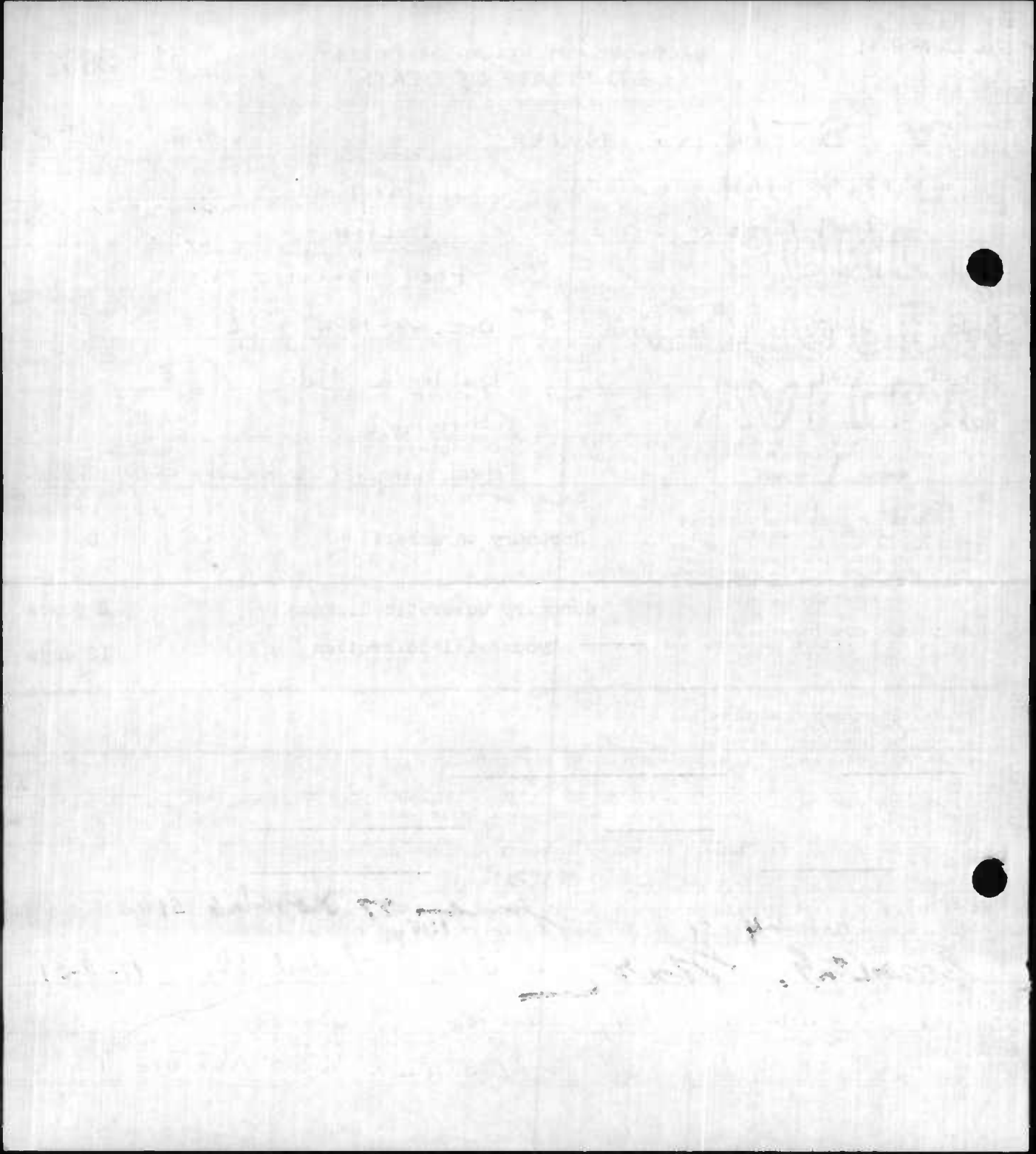
[Faint, mostly illegible text covering the majority of the page, likely bleed-through from the reverse side. The text appears to be organized into paragraphs and possibly a list or table structure.]

Dr. Marr
516 Cathedral
BIRTH NO. 9661

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 9661

1. NAME OF DECEASED (Type or Print) John T. Huber		2. DATE OF DEATH Nov. 6-1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY 27-01	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 4009 Parkside Drive		C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Baltimore	
C. Length of stay in Baltimore Yrs. 6 Mos. 66 Days 66		D. STREET ADDRESS (If rural, give location). 4009 Parkside Drive	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	B. DATE OF BIRTH Dec. 29-1884
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sheet Metal		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 66 If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
11. BIRTHPLACE (State or foreign country) Baltimore Md.		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME John Huber		14. MOTHER'S MAIDEN NAME Christina ?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT MRS. Margaret L. Huber-4009 Parkside		ADDRESS	
18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary thrombosis DUE TO ANTECEDENT CAUSES Coronary sclerotic disease DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Myocardial infarction OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from June 1947 to November 6, 1951 , that I last saw the deceased alive on November 4, 1951 , and that death occurred at 1:15 pm. , from the causes and on the date stated above.			
23A. SIGNATURE Emilio S. Marr		23B. ADDRESS 516 Cathedral St.	
23C. DATE SIGNED 11-8-51			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 11-10-51	
24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer		24D. LOCATION (City, town, or county) (State) BALTO Md.	
DATE RECEIVED BY LOCAL REGISTRAR NOV 9 - 1951		REGISTRAR'S SIGNATURE L. J. Rueck	
25. FUNERAL DIRECTOR L. J. Rueck		ADDRESS 5305 Hartford Rd.	



520
51 0002

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 9662

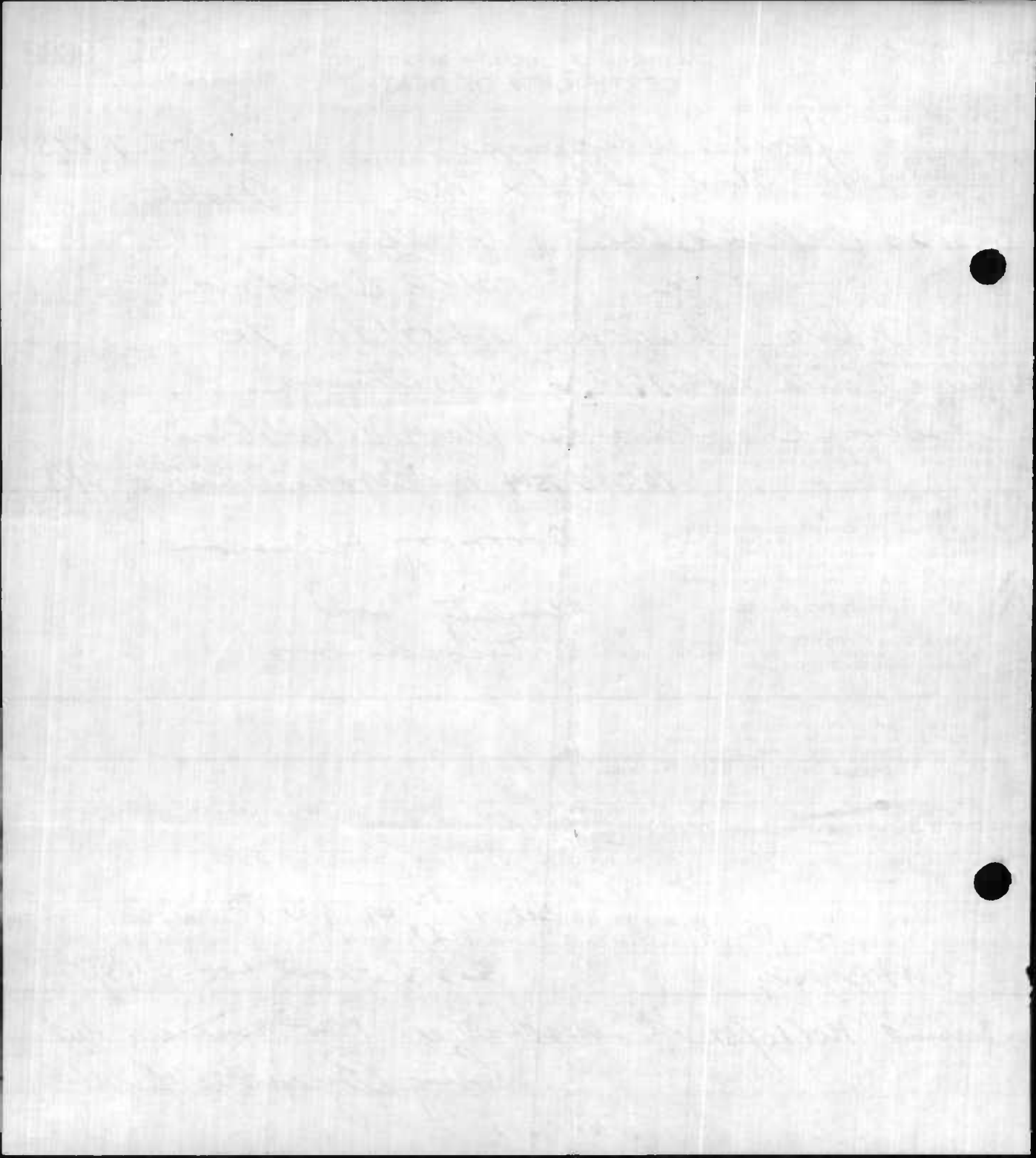
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>James Thomas</i>		2. DATE OF DEATH <i>Nov 7 1957</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>3122 Oakford Ave</i>		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <i>Md</i> B. COUNTY <i>Baltimore</i>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>3122 Oakford Ave</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>			
C. Length of stay in Baltimore <i>Life</i>		D. STREET ADDRESS (If rural, give location) <i>3122 Oakford Ave</i>			
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Feb 17/81</i>	9. AGE (in years last birthday) <i>70</i>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired Police</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>B+O.R.R.</i>		11. BIRTHPLACE (State or foreign country) <i>Baltimore</i>	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME <i>Samuel Thomas</i>		14. MOTHER'S MAIDEN NAME <i>Mary V. Robbins</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <i>705-05-7514</i>		17. INFORMANT <i>Mrs. Betsey Thomas</i>	

18. <i>420.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	CAUSE OF DEATH <i>Coronary Occlusion</i>	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	<i>Senility and Arteriosclerosis</i>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <i>Secur?</i>			
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>Oct 15th</i> , 19 <i>48</i> to <i>Nov 7th</i> , 19 <i>57</i> , that I last saw the deceased alive on <i>Nov 7th</i> , 19 <i>57</i> and that death occurred at <i>4 A</i> m., from the causes and on the date stated above.					
23A. SIGNATURE <i>W. B. Byers</i>		23B. ADDRESS <i>333 W. North Ave</i>		23C. DATE SIGNED <i>11/9/57</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>Nov 10/57</i>	24C. NAME OF CEMETERY OR CREMATORY <i>St. Lukes Cemetery</i>	24D. LOCATION (City, town, or county) (State) <i>New Windsor, Md.</i>		
DATE RECEIVED BY LOCAL REGISTRAR <i>NOV 9 - 1957</i>		REGISTRAR'S SIGNATURE <i>W. B. Byers</i>		25. FUNERAL DIRECTOR <i>Loring Byers</i>	

MEDICAL CERTIFICATION



325 51 9663

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 9663

Registered No.

BIRTH NO. 51-20517

1. NAME OF DECEASED
(Type or Print)

CHARLES

HUTCHINSON, JR.

2. DATE
OF
DEATH

September 30, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Provident Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE
Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1019 Linden Avenue

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months Days
If Under 24 Hours
Hours Min.

21

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

Julia Belton

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 764.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Infantile diarrhea

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Marasmus

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
MEDICAL INVESTIGATOR ☐23C. DATE SIGNED
10/1/5124A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

10/11/51

24C. NAME OF CEMETERY OR CREMATORY

City Morgue

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

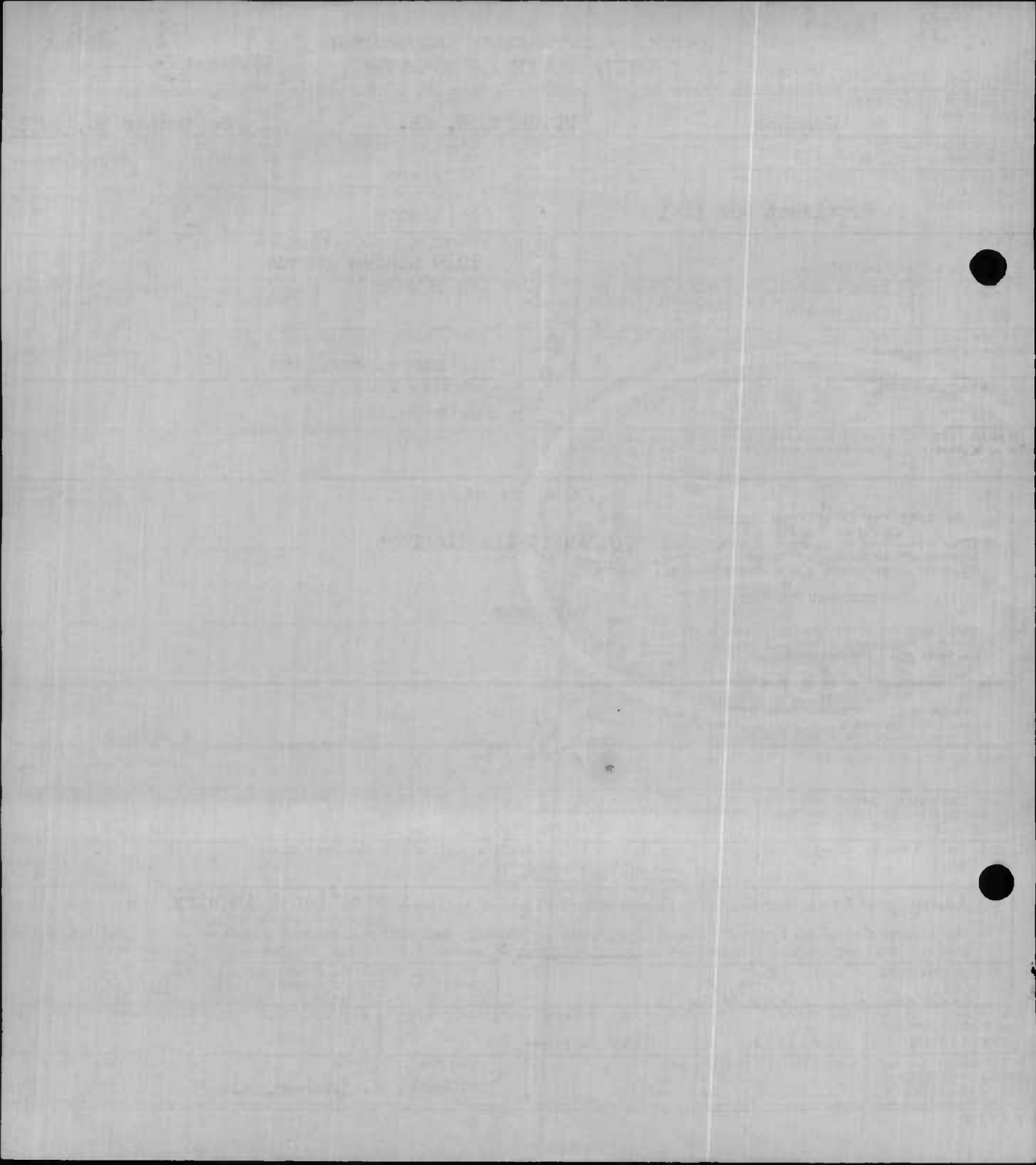
25. FUNERAL DIRECTOR

ADDRESS

Russell S. Fisher, M.D.

VS 151

119a



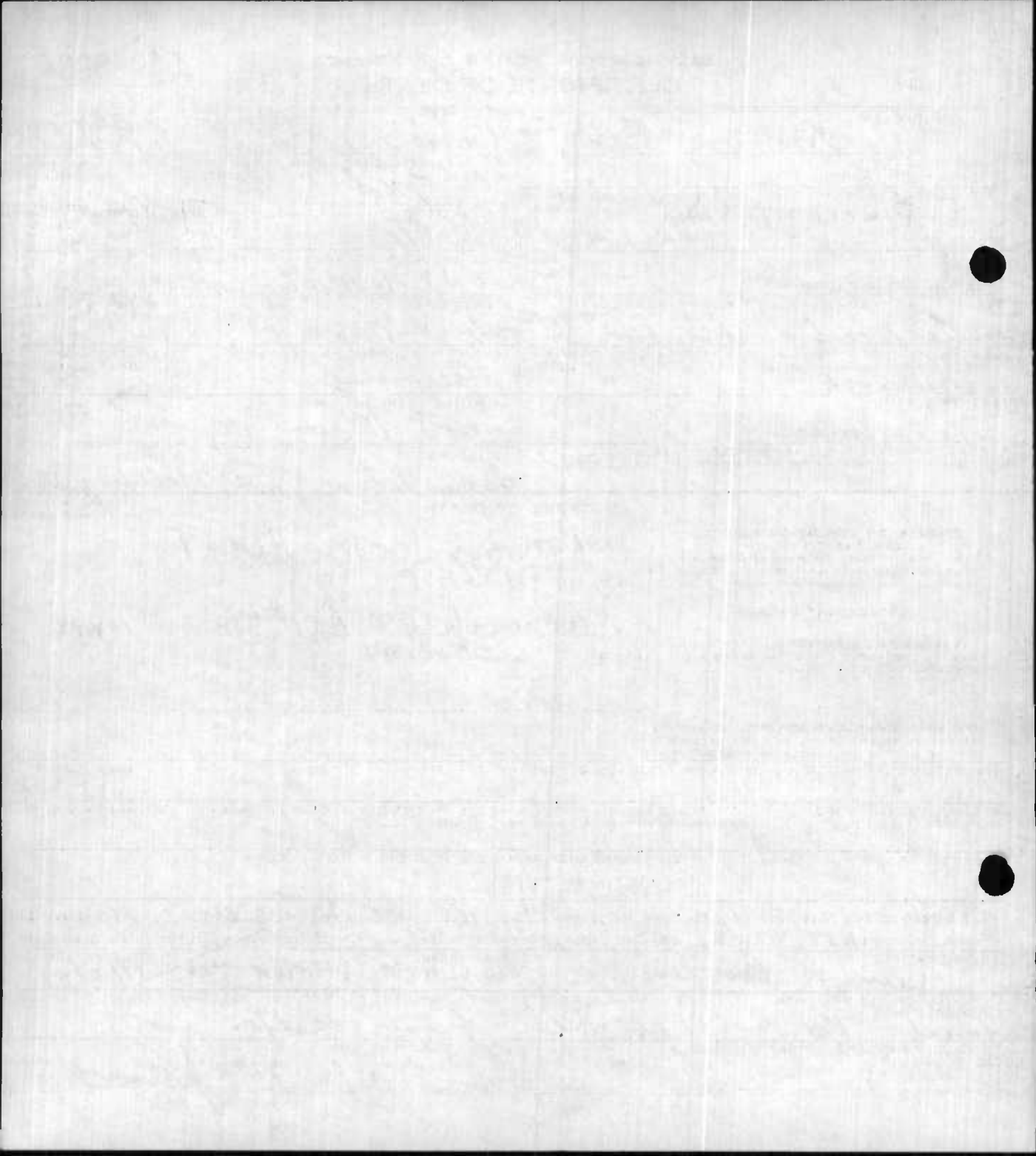
260
51 9664

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 9664

1. NAME OF DECEASED (Type or Print) ROSE Fisher (Fischer)		2. DATE OF DEATH NOVEMBER 8 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) PINECREST SANATARIUM		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto.	
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 538 N. Milton Ave.	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Feb. 26 - 1866
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years, last birthday) 85
13. FATHER'S NAME Not Known		11. BIRTHPLACE (State or foreign country) Germany	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		12. CITIZEN OF WHAT COUNTRY?	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME Not Known	
17. INFORMANT ADDRESS Carrie Peters 2331 McElroy St.			
18. 420.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic Heart Disease		INTERVAL BETWEEN ONSET AND DEATH 10 yrs	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Generalized Arterio-sclerosis			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from October 5, 1951 , to November 8, 1951 , that I last saw the deceased alive on Nov 6, 1951 , and that death occurred at 6:45 A.M. , from the causes and on the date stated above.			
23A. SIGNATURE Melvin N. Borden		23B. ADDRESS 5000 OLD FREDERICK ROAD	
23C. DATE SIGNED 11/8/51			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Nov. 10 - 51	24C. NAME OF CEMETERY OR CREMATORY Wm. Christ Cem.	24D. LOCATION (City, town, or county) (State) Balto. Md.
DATE RECEIVED BY LOCAL REGISTRAR NOV 10 1951		25. FUNERAL DIRECTOR ADDRESS John A. Miller 2334 Jefferson St.	

MEDICAL CERTIFICATION



520

BALTIMORE CITY HEALTH DEPARTMENT

51 9665

CERTIFICATE OF DEATH

Registered No.

BIRTH NO. 51 9665 51-26380

1. NAME OF DECEASED
(Type or Print)

Baby Baynes.

2. DATE
OF
DEATH

11/9/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Baltimore Md.

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Mercy Hosp.

4. USUAL RESIDENCE (Where deceased lived, if institution: residence
A. STATE B. COUNTY before admission)

Baltimore

Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore Md. - Overlea

D. STREET ADDRESS (If rural, give location)

7000 Willowdale Ave

c. Length of stay in Baltimore

10

Yrs.
Mos.
Days

5. SEX

MALE

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

never married

8. DATE OF BIRTH

10/31/51

9. AGE (in years
last birthday)10 Under 1 Year
Months: Days: 1010A. USUAL OCCUPATION (Give kind of
work done during most of work/life, even if retired)

never married

10B. KIND OF BUSINESS OR
INDUSTRY

never married

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

John W. Baynes

14. MOTHER'S MAIDEN NAME

Marie Ely. Seim

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Premature

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Extrophy of the bladder

(C)

INTERVAL BETWEEN
ONSET AND DEATH

10 days

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONOITION CAUSING IT.

19A. DATE OF OPERATION

none

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH

no

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/31, 1951, to 11/9, 1951, that I last saw the
deceased alive on 11/9, 1951, and that death occurred at 4:45 P.M., from the causes and on the date stated above.

23A. SIGNATURE

F. R. Perilla

M. D.

23B. ADDRESS

Mercy Hosp

23C. DATE SIGNED

11/9/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

11/10/51

24C. NAME OF CEMETERY OR CREMATORY

Parkwood Cen.

24D. LOCATION (City, town, or county)

Baltimore

(State)

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

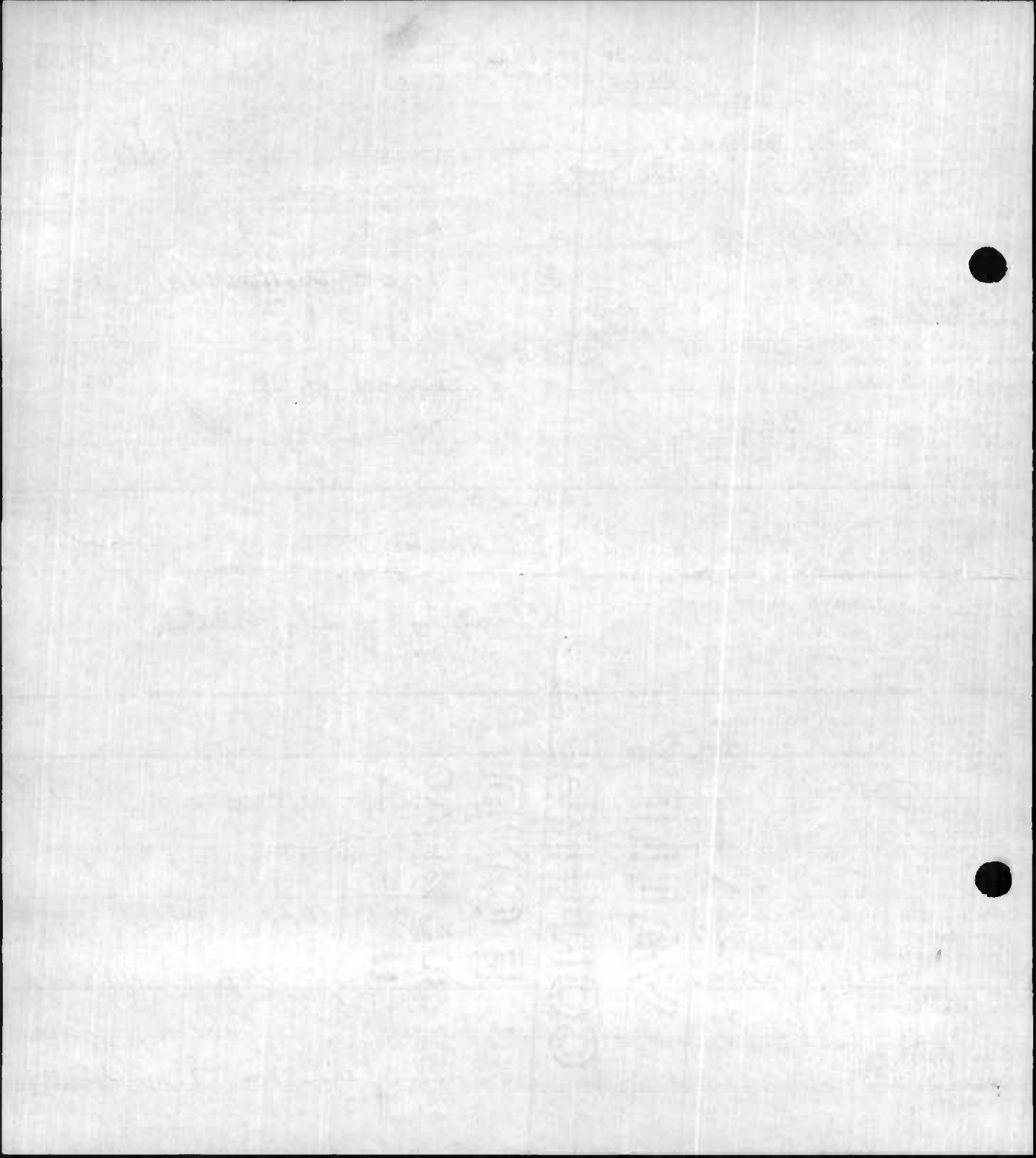
REGISTRAR'S SIGNATURE

F. R. Perilla

25. FUNERAL DIRECTOR

ADDRESS

Lassalle Funeral Home 7401 Belair Rd.



650
2338
51 96662/7/52
CERTIFICATE CORRECTED
BALTIMORE CITY HEALTH DEPARTMENT
ES
CERTIFICATE OF DEATH51 9666
Registered No.

1. NAME OF DECEASED (Type or Print)		Janie Green		2. DATE OF DEATH 11-9-1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
c. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 509 N. Bond St.			
5. SEX F	6. COLOR OR RACE N	7. SINGLE, MARRIED, WIDOWED, DIVORCED, SEPARATED (Specify) Separated (Married)	8. DATE OF BIRTH June 9- 1890	9. AGE (in years last birthday) 61	10. Under 1 Year Months: Days: 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Maryland	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME William Batum		14. MOTHER'S MAIDEN NAME Eliza Carroll (Dec)	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT Baltimore City Hospitals Records: 4940 Eastern Ave.	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 443X CAUSE OF DEATH (A) Cerebral Thrombosis DUE TO (B) Hypertensive cardiovascular disease DUE TO (C) INTERVAL BETWEEN ONSET AND DEATH 1 day		19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Chronic Glomerulonephritis over 2 mos.			
19A. DATE OF OPERATION 11-8-1951		19B. MAJOR FINDINGS OF OPERATION Muscle Biopsy		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 9-19-1951 to 11-9-1951, that I last saw the deceased alive on 11-9-1951, and that death occurred at 1.20 A. M., from the causes and on the date stated above.					
23A. SIGNATURE J. S. Rozen		23B. ADDRESS 4940 Eastern Ave., Baltimore, Md.		23C. DATE SIGNED 11-9-1951	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 11-13-51		24C. NAME OF CEMETERY OR CREMATORY Mt. Calvary Cem.	
24D. LOCATION (City, town, or county) (State) A. A. County, Md		24E. FUNERAL DIRECTOR Joseph S. Rozen, Jr.		24F. ADDRESS 1304 N. Central Ave.	
DATE RECEIVED BY LOCAL REGISTRAR NOV 10 1951		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR [Signature]	

See Document File 51-9666
2/7/52 ES

150
51 9667

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 9667

BIRTH NO.			1. NAME OF DECEASED (Type or Print)			2. DATE OF DEATH		
			DANIEL EARL ALLEN			Oct. 28, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)					
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Morgue			A. STATE Md.			B. COUNTY		
C. Date of stay in Baltimore			C. CITY OR TOWN Baltimore			D. STREET ADDRESS (If rural, give location) Unknown		
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) ?	8. DATE OF BIRTH ?		9. AGE (in years last birthday) 42 ?	10 Under 1 Year Months: Days		10 Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10B. KIND OF BUSINESS OR INDUSTRY Sea		11. BIRTHPLACE (State or foreign country) Balto. Md.		12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME ?			14. MOTHER'S MAIDEN NAME ?					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) ?		16. SOCIAL SECURITY NO. ?		17. INFORMANT ADDRESS Grace Vaughn - 512 W. Cross St.				

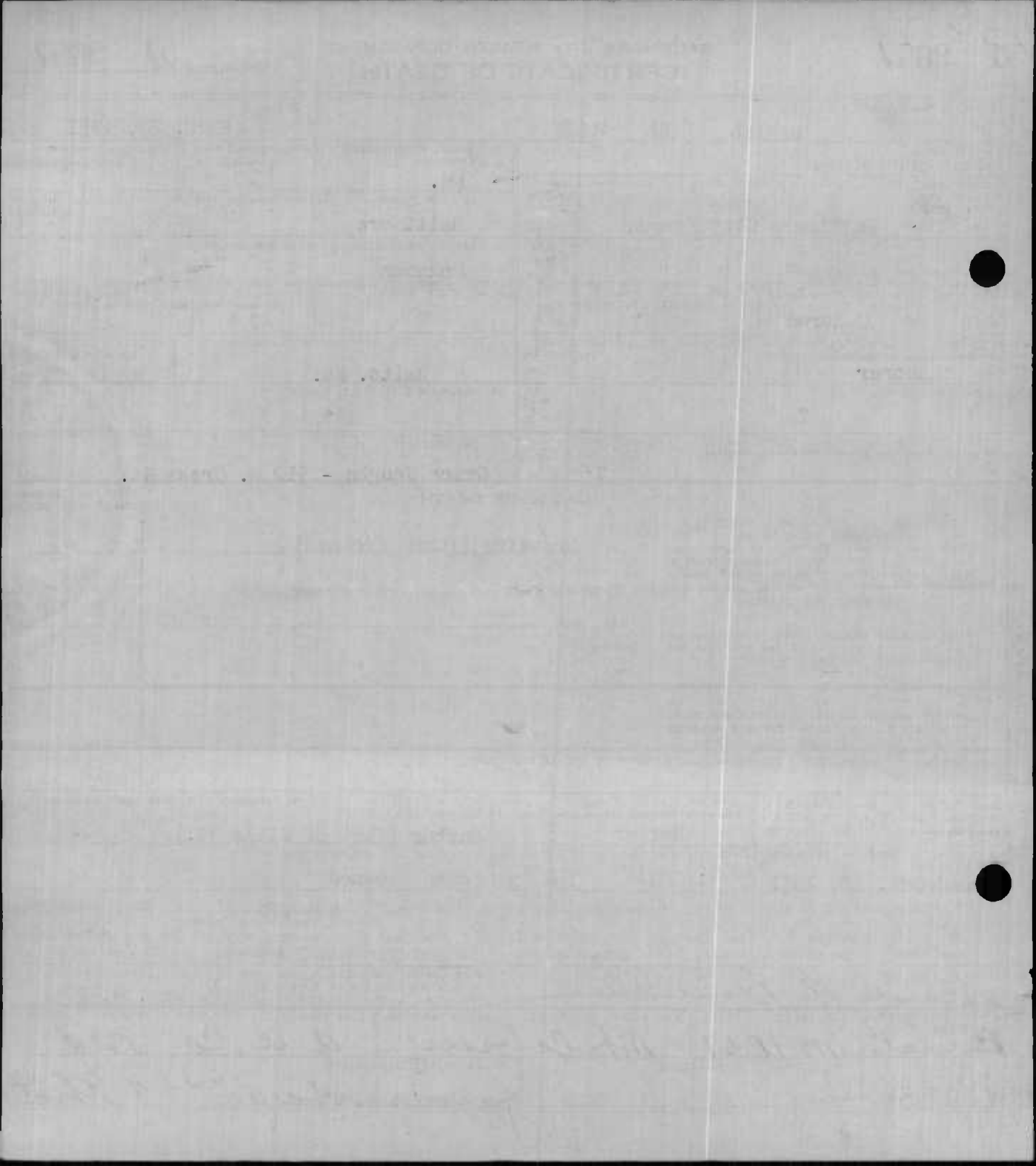
18. E 929.8		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) Drowning (found drowned)			
DUE TO					
ANTECEDENT CAUSES		(B)			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO			
		(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Harbor		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Harbor (foot of Wills St.) 3/2	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY Found Oct. 28, 1951 8:00A.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Found drowned	

22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE Stanley A. Deuchler		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED Nov. 9, 1951	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Nov 10, 51		24C. NAME OF CEMETERY OR CREMATORY Mt Calvary	
24D. LOCATION (City, town, or county) (State) a a, Co. Md		25. FUNERAL DIRECTOR James A. Stays		ADDRESS 6384 2nd St	
DATE RECEIVED BY LOCAL REGISTRAR NOV 10 1951		REGISTRAR'S SIGNATURE			

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

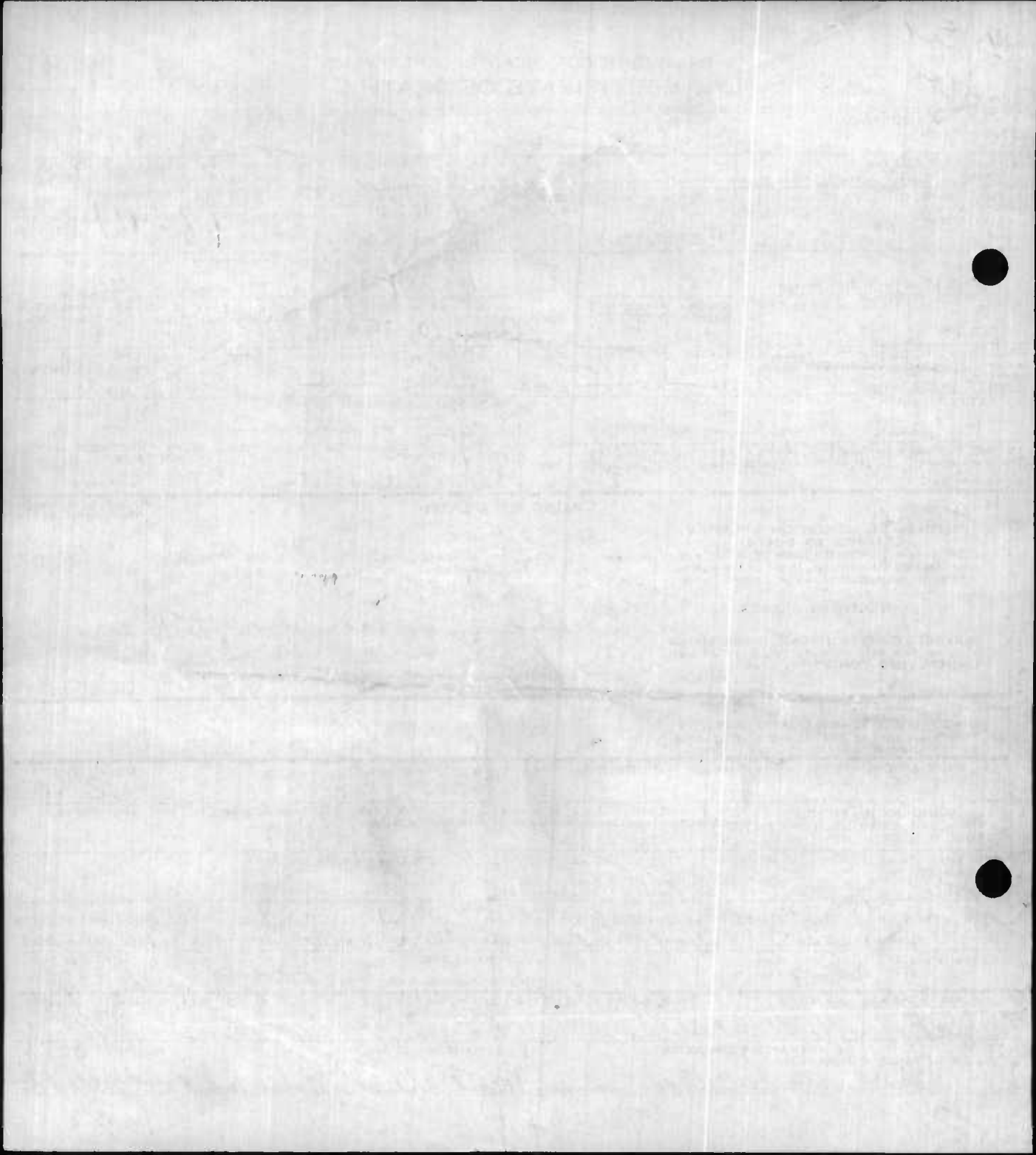
Registered No. 51 9668

252
1 9668
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <u>George Washington</u>			2. DATE OF DEATH <u>Nov. 8, 1951</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY <u>Balto.</u>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>University Hospital</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u>		
C. Length of stay in Baltimore <u>10</u> Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <u>900 W. Lexington St Apt. 8</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>negro</u>	7. SINGLE, (MARRIED) WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>Aug. 10, 1907.</u>		9. AGE (In years last birthday) <u>44</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Policeman</u>			10B. KIND OF BUSINESS OR INDUSTRY <u>PIPER, MARYLAND</u>		11. BIRTHPLACE (State or foreign country) <u>Virginia</u>
13. FATHER'S NAME <u>Robert Washington</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>unknown</u>			16. SOCIAL SECURITY NO. <u>?</u>		
17. INFORMANT <u>Isabelle Washington (wife)</u>			ADDRESS <u>Same</u>		

18. <u>490X</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
(A) <u>Tuberculous pneumonia of left lower lobe</u>		DUE TO	<u>2 1/2 days</u>
(B) <u>Septicemia secondary to (A)</u>			
(C) <u>Leukopenia secondary to (B)</u>			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONOITION CAUSING IT.			

19A. DATE OF OPERATION <u>2</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21B. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21C. TIME (Month) (Day) (Year) (Hour) INJURY		21D. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21E. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Nov. 5</u> , 1951, to <u>Nov. 8</u> , 1951, that I last saw the deceased alive on <u>Nov. 7</u> , 1951, and that death occurred at <u>12:30 Am.</u> , from the causes and on the date stated above.					
23A. SIGNATURE <u>G. K. Shington</u>		23B. ADDRESS <u>University Hosp.</u>		23C. DATE SIGNED <u>11-8-51</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>11/12/1951</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Arbutus Memorial Arbutus Md.</u>	
24D. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR <u>Mrs. Kate R. Williams</u>		ADDRESS <u>322 N. Schroeder St</u>	



430

9669

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 9669
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

GEORGE ELLIOTT

2. DATE
OF DEATH

NOV 7, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

BRADY 2

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

MARYLAND

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR INSTITUTION location)

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

1208 W. MOSHER ST.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

MALE COLORED

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

4-27-82

9. AGE (In years
last birthday)

69

11 Under 1 Year

Months Days

12 Under 24 Hours

Hours Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

N. Carolina

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Frank Elliott

14. MOTHER'S MAIDEN NAME

Lucy Smith

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 177X CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Carcinomatosis

DUE TO

ANTECEDENT CAUSES

(B)

Carcinoma of Prostate

DUE TO

(C)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT

NOT WHILE

m.

AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-6-1951 to 11-7-1951, that I last saw the
deceased alive on 11-7-1951, and that death occurred at 5:00 a. m., from the causes and on the date stated above.

23A. SIGNATURE

William J. Hopkins

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

11-7-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

Nov. 10, 1951

Arbutus M. Park

Arbutus, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 10 1951

T. J. Williams, Jr.

Mrs. Kate R. Williams

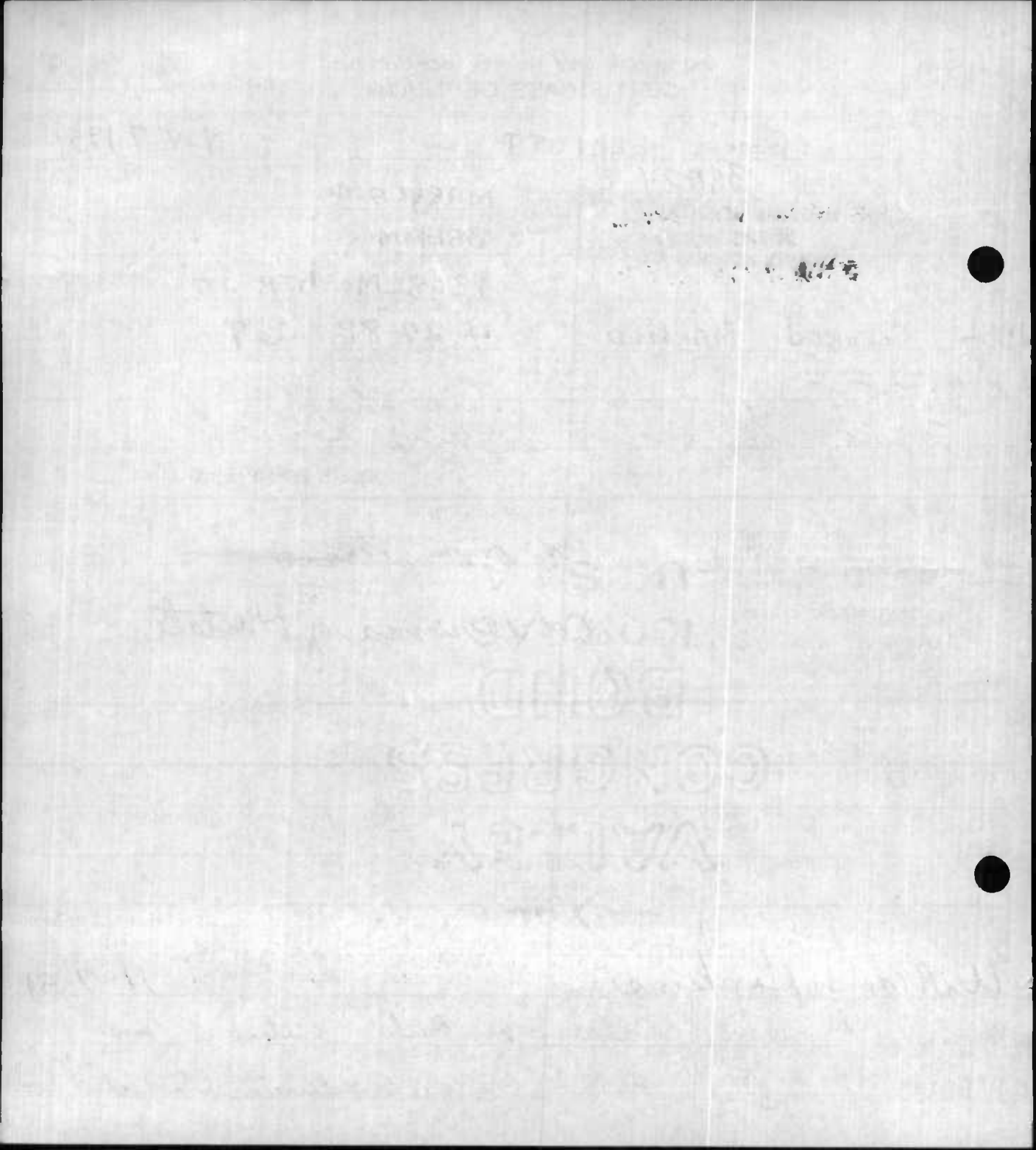
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MEDICAL CERTIFICATION



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

51 9670
Registered No. _____

460
51 9670
BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) <i>Louise Taylor</i>		2. DATE OF DEATH <i>Nov. 7, 1951</i>	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE <i>Ind</i> b. COUNTY _____	
b. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION) <i>JOHNS HOPKINS HOSPITAL</i>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 10-02</i>	
c. Length of stay in Baltimore <i>JOHNS HOPKINS HOSPITAL</i>		d. STREET ADDRESS (If rural, give location) <i>810 N. Central Ave</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>10-30-99</i>
9. AGE (in years last birthday) <i>52</i>		10. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>House Wife</i>		10b. KIND OF BUSINESS OR INDUSTRY _____	
11. BIRTHPLACE (State or foreign country) <i>Maryland</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>George Kell Parker</i>		14. MOTHER'S MAIDEN NAME <i>Zena Parker</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>?</i>	
17. INFO <i>JOHNS HOPKINS HOSPITAL</i>		ADDRESS _____	

18. <i>442x</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Cerebral Vascular Accident</i> DUE TO		INTERVAL BETWEEN ONSET AND DEATH <i>< 1 hr.</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Hypertensive atherosclerotic cardio-vascular disease</i> DUE TO		<i>years</i>
(C) _____		

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from *11/5*, 19*51*, to *11/7*, 19*51*, that I last saw the deceased alive on *11/7*, 19*51*, and that death occurred at *10 P.* m., from the causes and on the date stated above.

23A. SIGNATURE <i>Dudley P. Jackson</i> M. D.	23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	23C. DATE SIGNED <i>11/7/51</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>11-10-51</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Mt. Calvary Cemetery</i>
24D. LOCATION (City, town, or county) <i>Anne Arundel County, Md.</i>		

DATE RECEIVED BY LOCAL REGISTRAR <i>NOV 10 1951</i>	REGISTRAR'S SIGNATURE <i>Walter J. Williams, M.D.</i>	25. FUNERAL DIRECTOR <i>Rayner Sanders</i>	ADDRESS <i>217 E. Preston St.</i>
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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 9672

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Opal B. Smith

2. DATE
OF DEATH November 8, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

4301 Kathland Ave.

C. CITY OR TOWN (If outside corporate limits, write B.U.R. and give township)
Baltimore

c. Length of stay in Baltimore

19 yrs

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

4301 Kathland Ave.

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH

Feb. 2, 1890

9. AGE (in years last birthday)

61 yrs

If Under 1 Year Months Days If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

At Home

11. BIRTHPLACE (State or foreign country)

Columbus, Indiana

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Charles A. Moore

14. MOTHER'S MAIDEN NAME

Ellen McCampbell

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Mr. Thomas L. Smith, 4301 Kathland Ave.

18. 331X I CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Cerebral accident

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

Hypertension

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1948, to Nov 7, 1951, that I last saw the deceased alive on Nov 7, 1951, and that death occurred at 4 P. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Nov. 10, 1951

24C. NAME OF CEMETERY OR CREMATORY

Woodlawn Cemetery

24D. LOCATION (City, town, or county)

Woodlawn, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

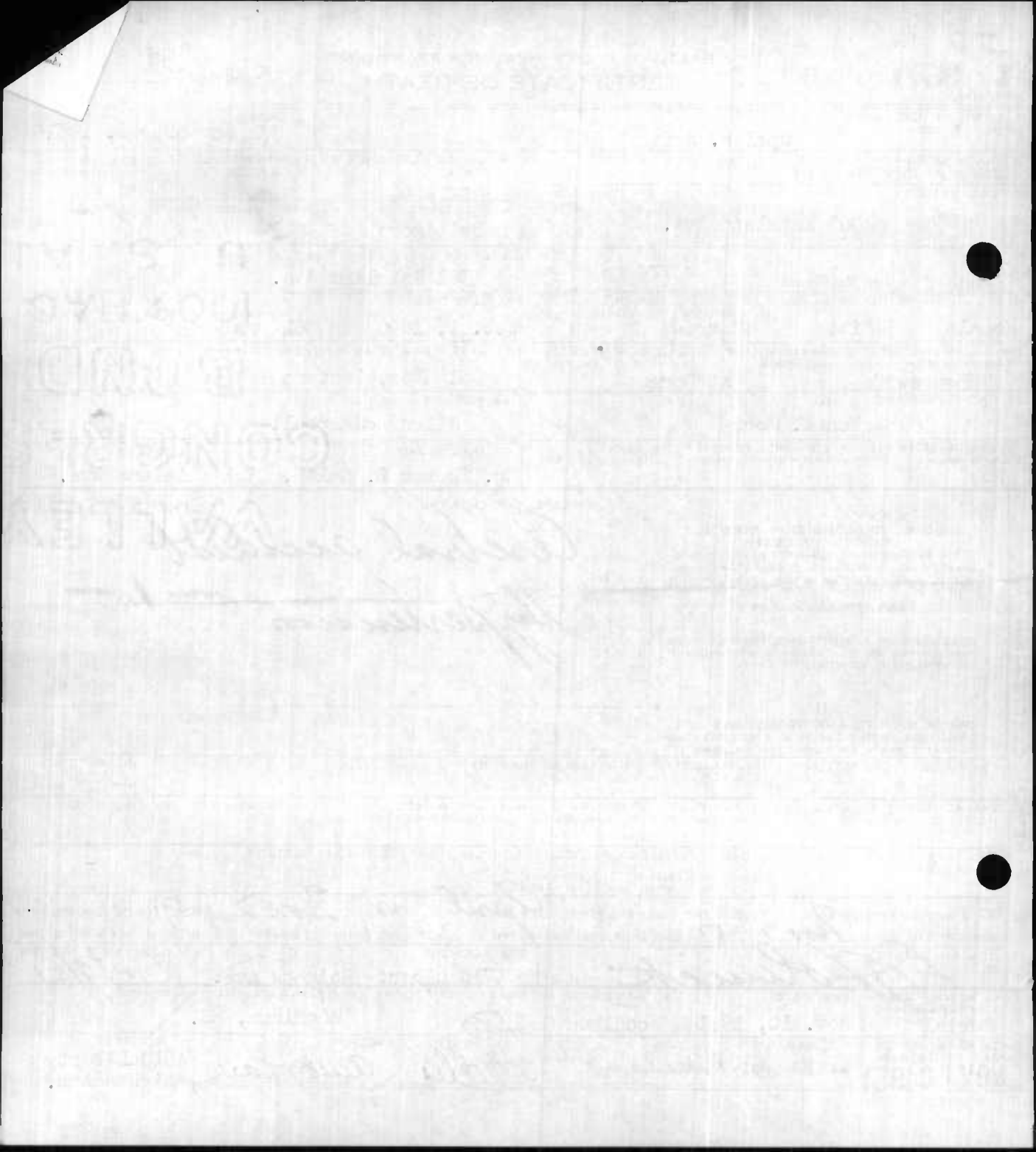
ADDRESS

NOV 10 1951

Funeral Director

4510 Liberty Heights Ave.

4510 Liberty Heights Ave.



51 300
9672BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 9672

BIRTH NO.		1. NAME OF DECEASED (Type or Print) Eldora White		2. DATE OF DEATH 11/7/51	
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION 832 Sharp Street		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore, City 22-07			
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 832 Sharp Street			
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 2/22/1930	9. AGE (In years last birthday) 21	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Goldsboro, N.C.	
13. FATHER'S NAME Jack Barnes		14. MOTHER'S MAIDEN NAME Bessie Mae Warren		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Bessie Mae Lane-937 Leadenhall, St	

18. 002X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) DUE TO (A) Pulmonary Tbc ANTECEDENT CAUSES DUE TO (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
--	----------------	----------------------------------

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from September, 1951, to 11-7-, 1951, that I last saw the deceased alive on 11-7-, 1951, and that death occurred at 5:50 P.M., from the causes and on the date stated above.					
23A. SIGNATURE Thomas D. Williams, M.D.		23B. ADDRESS 703 W. Lafayette Ave.		23C. DATE SIGNED 11-9-51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 11/11/51		24C. NAME OF CEMETERY OR CREMATORY Mt Calvary Cemetery	
		24D. LOCATION (City, town, or county) A.A. Co., Md.			

DATE RECEIVED BY LOCAL REGISTRAR NOV 10 1951	REGISTRAR'S SIGNATURE Thomas D. Williams, M.D.	25. FUNERAL DIRECTOR J. L. Brown & Son - Montgomery St	ADDRESS
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CENTRODOME OF MENTAL

1. The first part of the report is a description of the patient's history. This includes information about the patient's age, sex, and occupation. It also includes information about the patient's previous mental health problems and any treatment that has been received.

2. The second part of the report is a description of the patient's current symptoms. This includes information about the patient's mood, thoughts, and behavior. It also includes information about the patient's physical health and any medical problems that may be related to the mental health problems.

3. The third part of the report is a description of the patient's social and family history. This includes information about the patient's relationships with family and friends, and about the patient's social support system. It also includes information about the patient's family history of mental health problems.

4. The fourth part of the report is a description of the patient's current level of functioning. This includes information about the patient's ability to work, to study, and to manage daily life. It also includes information about the patient's level of distress and about the patient's need for treatment.

5. The fifth part of the report is a description of the patient's treatment plan. This includes information about the patient's current treatment and about the goals of treatment. It also includes information about the patient's response to treatment and about the need for ongoing monitoring.

500
1 9673BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 9673
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Charles Payne

2. DATE
OF
DEATH

Nov 9, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

1214 Eutaw Pl

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTEBALTIMORE EYE EAR
AND THROAT HOSPITAL70 Yrs.
Mos.
Days

C. Length of stay in Baltimore

5. SEX

M

6. COLOR OR RACE

B

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
widowed

8. DATE OF BIRTH

Sept. 1, 1881

9. AGE (In years
last birthday)

70

If Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR
INDUSTRY

S

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Washington Payne

14. MOTHER'S MAIDEN NAME

Lavinia Anderson

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Mary Smith 732 Dolphin St,

18. 331X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)(A) Cerebral Hemorrhage
DUE TO arteriosclerosis

1 hour

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

Nov 8, 1951

19B. MAJOR FINDINGS OF OPERATION

Cataract Left Eye

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 7, 1951, to Nov 9, 1951, that I last saw the
deceased alive on Nov 9, 1951, and that death occurred at 10:30 AM, from the causes and on the date stated above.

23A. SIGNATURE

D. J. McHenry

M. O.

23B. ADDRESS

1214 Eutaw Pl.

23C. DATE SIGNED

9 Nov 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

11-13-51

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn Cem

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

William Williams, Jr.

25. FUNERAL DIRECTOR

Frances C. Hendley

ADDRESS

CONGRUOUS

WATLEY

CONGRUOUS

CONGRUOUS

CONGRUOUS

CONGRUOUS

CONGRUOUS

CONGRUOUS

CONGRUOUS

CONGRUOUS

CONGRUOUS

CONGRUOUS

240
1 9674
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 9674
Registered No.

1. NAME OF DECEASED (Type or Print) John Mosely			2. DATE OF DEATH Nov. 8, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore		
B. FULL NAME OF HOSPITAL OR INSTITUTION Provident Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
C. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 2415 Westwood Ave.		
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 4, 1908	9. AGE (In years last birthday) 42	If Under 1 Year Months Days If Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chauffuer			11. BIRTHPLACE (State or foreign country) Maryland		
13. FATHER'S NAME Mosely			12. CITIZEN OF WHAT COUNTRY? U. S. A		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT Mrs. Anna Mosely			ADDRESS 2415 Westwood Ave		

18. 003.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Pleural effusion right CAUSE OF DEATH (A) Cong. Heart Failure DUE TO (B) DUE TO (C) INTERVAL BETWEEN ONSET AND DEATH	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDER- Lying <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 9.8 , 19 51 , to 11.8 , 19 51 , that I last saw the deceased alive on 11.8 , 19 51 , and that death occurred at 1235 p m., from the causes and on the date stated above.					
23A. SIGNATURE G. Gonsowdsky		23B. ADDRESS Provident Hospital		23C. DATE SIGNED 11.9.51	

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 11-11-51		24C. NAME OF CEMETERY OR CREMATORY Western Star Cem		24D. LOCATION (City, town, or county) (State) Baltimore Co., Md.	
DATE RECEIVED BY LOCAL REGISTRAR NOV 10 1951		REGISTRAR'S SIGNATURE William Williams		25. FUNERAL DIRECTOR William Williams		ADDRESS 578 W. Biddle St.	

VALLEY

CONCRETE

BUILDING

100% AC

500
51 9675BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 9675

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <u>Milton D. Zahra</u>		2. DATE OF DEATH <u>11/9/51</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland ✓		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY <u>Baltimore</u>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>South Baltimore General Hospital</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore 27</u>			
C. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <u>1713 Wilson Ave.</u> <u>5300</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>5/30/88</u>	9. AGE (In years last birthday) <u>63</u>	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter Foreman</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>Balto. City Housing Auth.</u>		11. BIRTHPLACE (State or foreign country) <u>Maryland</u>	
13. FATHER'S NAME <u>Harry Frederick Zahra</u>		14. MOTHER'S MAIDEN NAME <u>Sally Stermer</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <u>Acute coronary occlusion</u> DUE TO (A) <u>Coronary atherosclerosis</u> (B) <u>Generalized atherosclerosis</u> (C) _____		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <u>Old Diverticulum, perforated</u>					
19A. DATE OF OPERATION <u>11-6-51</u>		19B. MAJOR FINDINGS OF OPERATION <u>Diverticulum at duodeno-jejunal junction</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>10/26/51</u> , 19 <u> </u> , to <u>11/9/51</u> , 19 <u> </u> , that I last saw the deceased alive on <u>11/9/51</u> , 19 <u> </u> , and that death occurred at <u>8 A.</u> m., from the causes and on the date stated above.					
23A. SIGNATURE <u>Seng-ago Tan</u>		23B. ADDRESS <u>1213 Light St.</u>		23C. DATE SIGNED <u>11/9/51</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE <u>Nov. 12/51</u>		24C. NAME OF CEMETERY OR CREMATORY <u>London Park</u>	
24D. LOCATION (City, town, or county) <u>Balto City</u>		24E. REGISTRAR'S SIGNATURE <u>Wm. J. Williams, M.D.</u>		24F. FUNERAL DIRECTOR <u>Shamir's Book & Paper</u>	
DATE RECEIVED BY LOCAL REGISTRAR <u>NOV 10 1951</u>		25. FUNERAL DIRECTOR ADDRESS			

51093

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10/12

10/12

51 9676

51 9676

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

(Hugot)

VICTOR H. ANDERSON

2. DATE
OF
DEATH

Nov. 10, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION Stafford Hotel4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

New York

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
BrooklynD. STREET ADDRESS (If rural, give location)
7200 Ridge Blvd.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Apr. 17, 1898

9. AGE (In years
last birthday)

53

If Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Marine Surveyor (self)

10B. KIND OF BUSINESS OR
INDUSTRY

Surveying

11. BIRTHPLACE (State or foreign country)

Norway

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Anderson

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

Brooklyn, N. Y.

Mrs. Borghild Anderson-7200 Ridge Blvd.

18.

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

Coronary occlusion, acute

30 min.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Hypertensive Cardio-Vascular Disease

4.5 yrs

(C)

DUE TO

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from November 1, 1948, to November 10, 1951, that I last saw the
deceased alive on November 10, 1951, and that death occurred at 8:20 A. M., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Removal

11/10/51

New York, N. Y.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

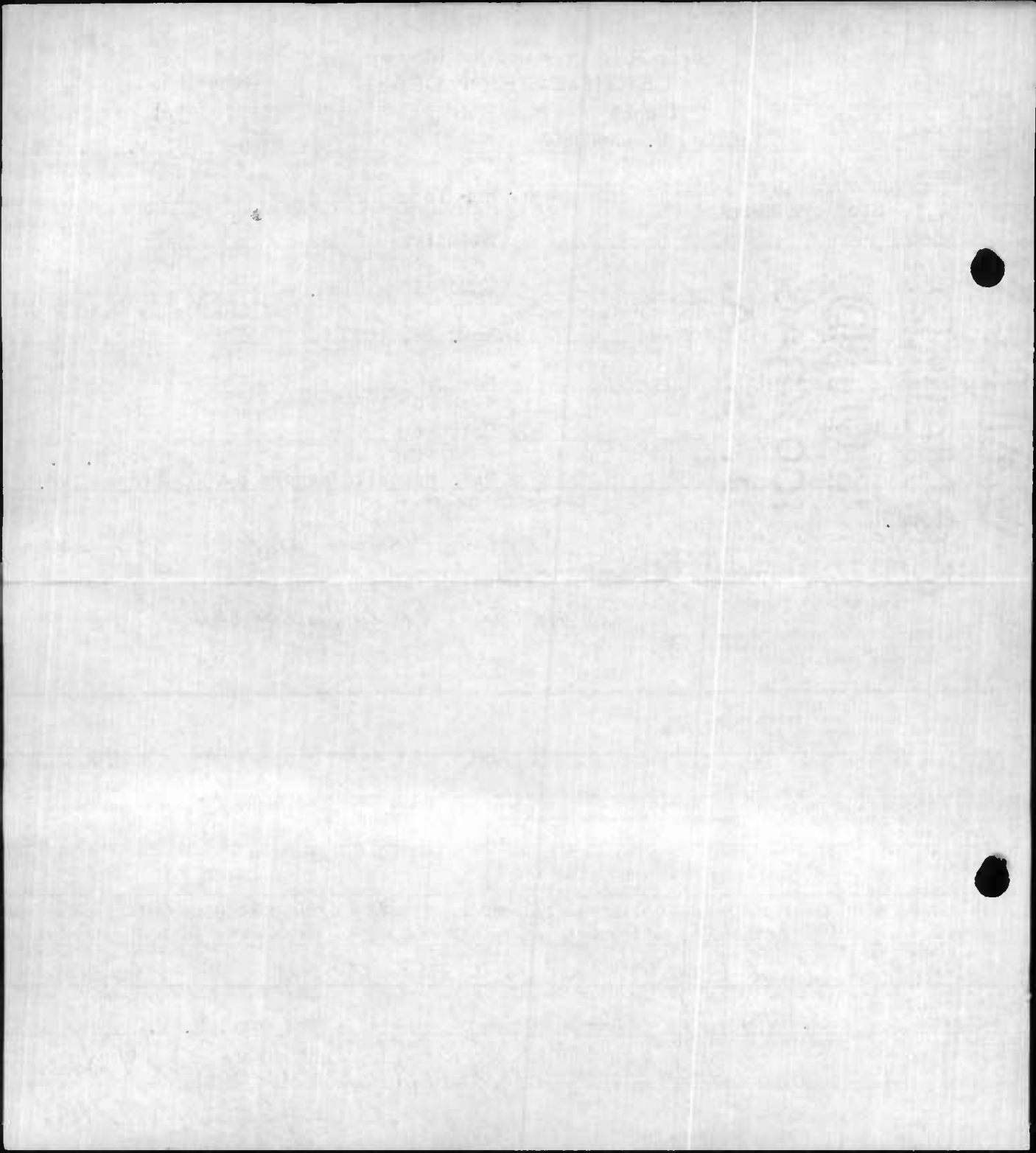
ADDRESS

NOV 11 1951

VS 150

J. Jickner & Sons

931 Balto 17, Md.



51 9677

51 9677

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO.				1. NAME OF DECEASED (Type or Print) WILLIAM I. WALTERS				2. DATE OF DEATH Nov. 9, 1951			
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY _____							
B. FULL NAME OF (If not in hospital or institution, give street address or location) US Public Health Service Hospital Wyman Pk. Drive & 31st St.				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 20-01							
c. Length of stay in Baltimore ?				D. STREET ADDRESS (If rural, give location) 2026 W. Fayette Street							
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 11/27/93		9. AGE (In years last birthday) 57		If Under 1 Year Months: Days: Hours: Min.			
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman				10B. KIND OF BUSINESS OR INDUSTRY Plumbing Supplies				11. BIRTHPLACE (State or foreign country) Md.		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Harry I. Walters				14. MOTHER'S MAIDEN NAME Ida B. Pierce							
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) Yes				16. SOCIAL SECURITY NO. 213-01-2274				17. INFORMANT ADDRESS Records- US PHS Hospital, Balto, Md.			
18. 443x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral hemorrhage (A) _____ DUE TO _____				CAUSE OF DEATH				INTERVAL BETWEEN ONSET AND DEATH 3 days			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Hypertensive cardiovascular disease (B) _____ DUE TO _____ (C) _____								Unknown			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.											
19A. DATE OF OPERATION				19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH				21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)				21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY				21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Nov. 6 , 19 51 , to Nov. 9 , 19 51 , that I last saw the deceased alive on Nov. 9 , 19 51 , and that death occurred at 5:45P m. , from the causes and on the date stated above.											
23A. SIGNATURE William P. Ramsey, Surgeon				23B. ADDRESS US PHS HOSPITAL, Balto, Md.				23C. DATE SIGNED 11/10/51			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial				24B. DATE 11/13/51				24C. NAME OF CEMETERY OR CREMATORY New Cathedral Cem.			
								24D. LOCATION (City, town, or county) (State) Balto., Md.			
DATE RECEIVED BY LOCAL REGISTRAR NOV 11 1951				REGISTRAR'S SIGNATURE Washington Williams, M.D.				25. FUNERAL DIRECTOR ADDRESS 26m. J. Dickner & Sons 937 Balto, Md.			

Page 2

Continued from Page 1

Page 3

Continued from Page 2

SSS

Page 4

Continued from Page 3

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. _____

1. NAME OF DECEASED
(Type or Print)

MABEL ALLEN VALENTINE

2. DATE
OF
DEATH

Nov. 8, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
Anderson Nursing Home

3604 Mohawk Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE **Md.** B. COUNTY _____

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore **15-11**

D. STREET ADDRESS (If rural, give location)
3132 Sequoia Ave.

5. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
widowed

8. DATE OF BIRTH

July 28, 1872

9. AGE (in years last birthday)

79

10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Housewife

10B. KIND OF BUSINESS OR INDUSTRY
at home

11. BIRTHPLACE (State or foreign country)
Virginia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Charles Pinkney Allen, Sr.

14. MOTHER'S MAIDEN NAME

Margaret Wood

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
no

16. SOCIAL SECURITY NO.
no

17. INFORMANT ADDRESS
Miss Mabel Valentine - 3132 Sequoia Ave.

18. **331X**

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Cerebral hemorrhage

INTERVAL BETWEEN ONSET AND DEATH

10 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO
(C) DUE TO

Arterio Sclerosis -

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION **0**

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **10-30-1951** to **11-8-1951**, that I last saw the deceased alive on **11-8-1951**, and that death occurred at **12:30 p.m.**, from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

2604 Garrison Rd

23C. DATE SIGNED

11-9-51

24A. BURIAL, CREMATION, REMOVAL (Specify)
Removal

24B. DATE
11/12/51

24C. NAME OF CEMETERY OR CREMATORY
Hollywood Cem.

24D. LOCATION (City, town, or county) (State)
Richmond, Va.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

William Williams, M.D.

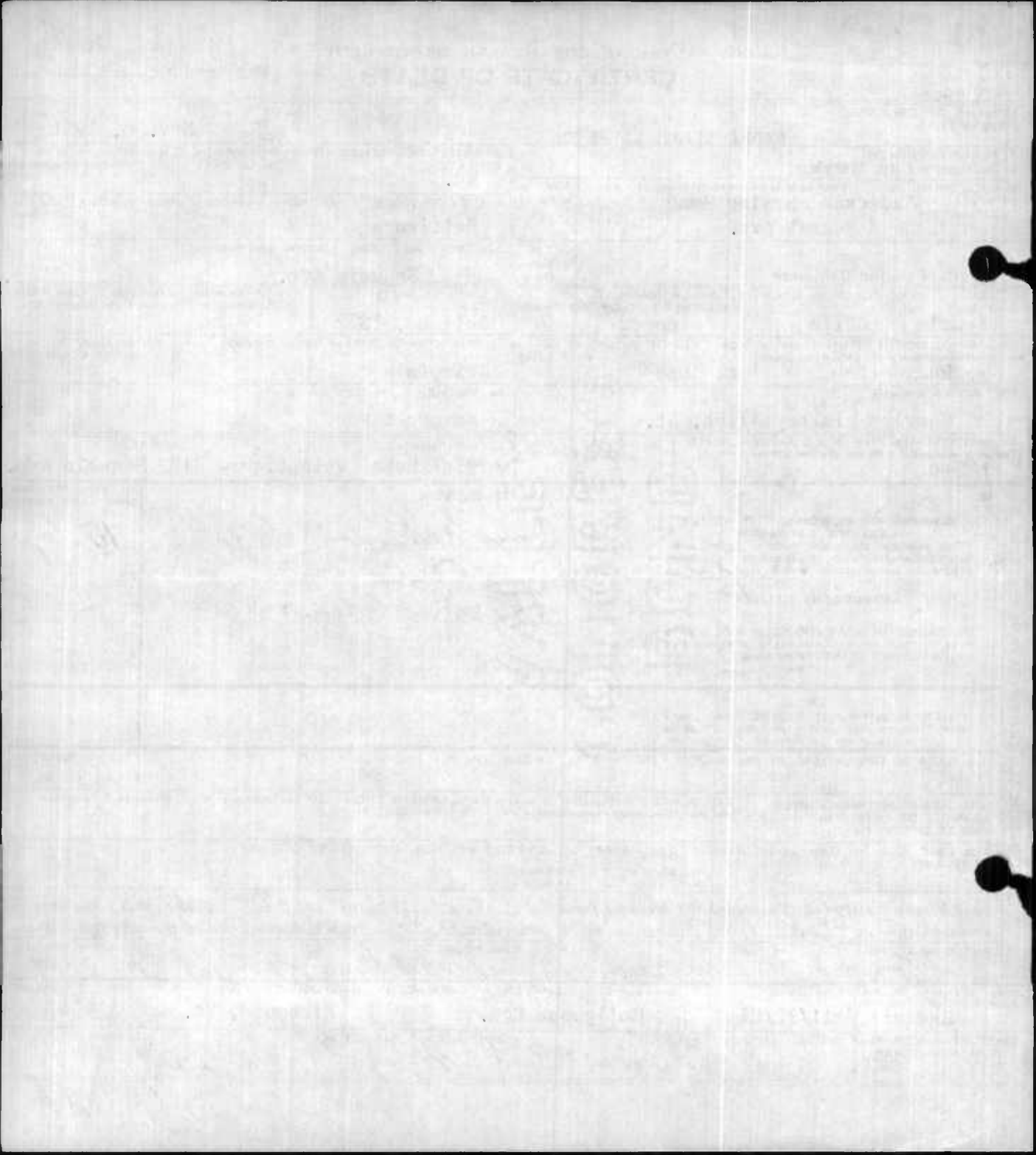
25. FUNERAL DIRECTOR

ADDRESS

Wm. J. Tiekner & Sons

Balto 17, Md.

MEDICAL CERTIFICATION



52
51 9679BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

51 9679

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Mrs Edith C. Spangler

2. DATE
OF
DEATH

11/9/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Lutheran Hosp

Yrs.
Mos.
Days

C. Length of stay in Baltimore

5. SEX

FEMALE

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widow

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

13. FATHER'S NAME

William H. Keenan

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

-

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)A. STATE
Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

2-01

D. STREET ADDRESS (If rural, give location)

2031 E. Lombard St.

8. DATE OF BIRTH

Jan 6, 1879

9. AGE (In years
last birthday)

72

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Marianna Clements

17. INFORMANT

ADDRESS

Mr. Charles M. Spangler-2031 E. Lombard St.

18. 153X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Carcinoma Cecum

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Metastasis Right Adrenal

DUE TO

(C)

Cachexia

INTERVAL BETWEEN
ONSET AND DEATHOTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

10/30/51

19B. MAJOR FINDINGS OF OPERATION

Carcinoma Cecum

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT NOT WHILE
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-15-51, 19__, to 11/9/51, 19__, that I last saw the
deceased alive on 11/9/51, 19__, and that death occurred at 8:40 A. M., from the causes and on the date stated above.

23A. SIGNATURE

Harold Lawrence Doherty M. D.

23B. ADDRESS

Lutheran Hosp. of Ind.

23C. DATE SIGNED

11/9/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

11/13/51

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral Cem.

24D. LOCATION (City, town, or county) (State)

Balto., Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

William H. Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

St. M. J. Duker & Sons

46E Balto Md

STATE OF NEW YORK
CERTIFICATE OF DEATH

NAME OF DECEASED		AGE		SEX		RACE		DATE OF DEATH		PLACE OF DEATH	
CAUSE OF DEATH		MANNER OF DEATH		OCCUPATION		EDUCATION		RELIGION		MARITAL STATUS	
SIGNATURE OF DECEASED		SIGNATURE OF WITNESS		SIGNATURE OF PHYSICIAN		SIGNATURE OF CLERGYMAN		SIGNATURE OF JUDGE		SIGNATURE OF CORONER	
DATE OF SIGNATURE		DATE OF SIGNATURE		DATE OF SIGNATURE		DATE OF SIGNATURE		DATE OF SIGNATURE		DATE OF SIGNATURE	
PLACE OF SIGNATURE		PLACE OF SIGNATURE		PLACE OF SIGNATURE		PLACE OF SIGNATURE		PLACE OF SIGNATURE		PLACE OF SIGNATURE	
DATE OF SIGNATURE		DATE OF SIGNATURE		DATE OF SIGNATURE		DATE OF SIGNATURE		DATE OF SIGNATURE		DATE OF SIGNATURE	
PLACE OF SIGNATURE		PLACE OF SIGNATURE		PLACE OF SIGNATURE		PLACE OF SIGNATURE		PLACE OF SIGNATURE		PLACE OF SIGNATURE	

51 9680
525

51 9680

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

WILLIAM ALBERT JOHNSON

2. DATE OF DEATH
Nov. 8, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION
(If not in hospital or institution, give street address or location)

7 Harvest Rd.

Yrs.
Mos.
Days

C. Length of stay in Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
Md.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

7 Harvest Rd.

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Jan. 20, 1886

9. AGE (In years last birthday)

65

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

C.P.A.

10B. KIND OF BUSINESS OR INDUSTRY

Accounting

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Greenleaf Johnson

14. MOTHER'S MAIDEN NAME

Anna E. Baker

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Harriet B. Johnson - 7 Harvest Rd.

1B. 420.0 I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Heart failure

DUE TO

6 weeks

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Arteriosclerotic heart disease

DUE TO

5 years

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 1946 to Nov 7, 1951, that I last saw the deceased alive on Nov 7, 1951, and that death occurred at 8:45 P.m., from the causes and on the date stated above.

23A. SIGNATURE

Franklin E. Leslie M. O.

23B. ADDRESS

1101 St Paul St

23C. DATE SIGNED

Nov 7, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

11/12/51

24C. NAME OF CEMETERY OR CREMATORY

Lorraine Maus.

24D. LOCATION (City, town, or county)

Woodlawn, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

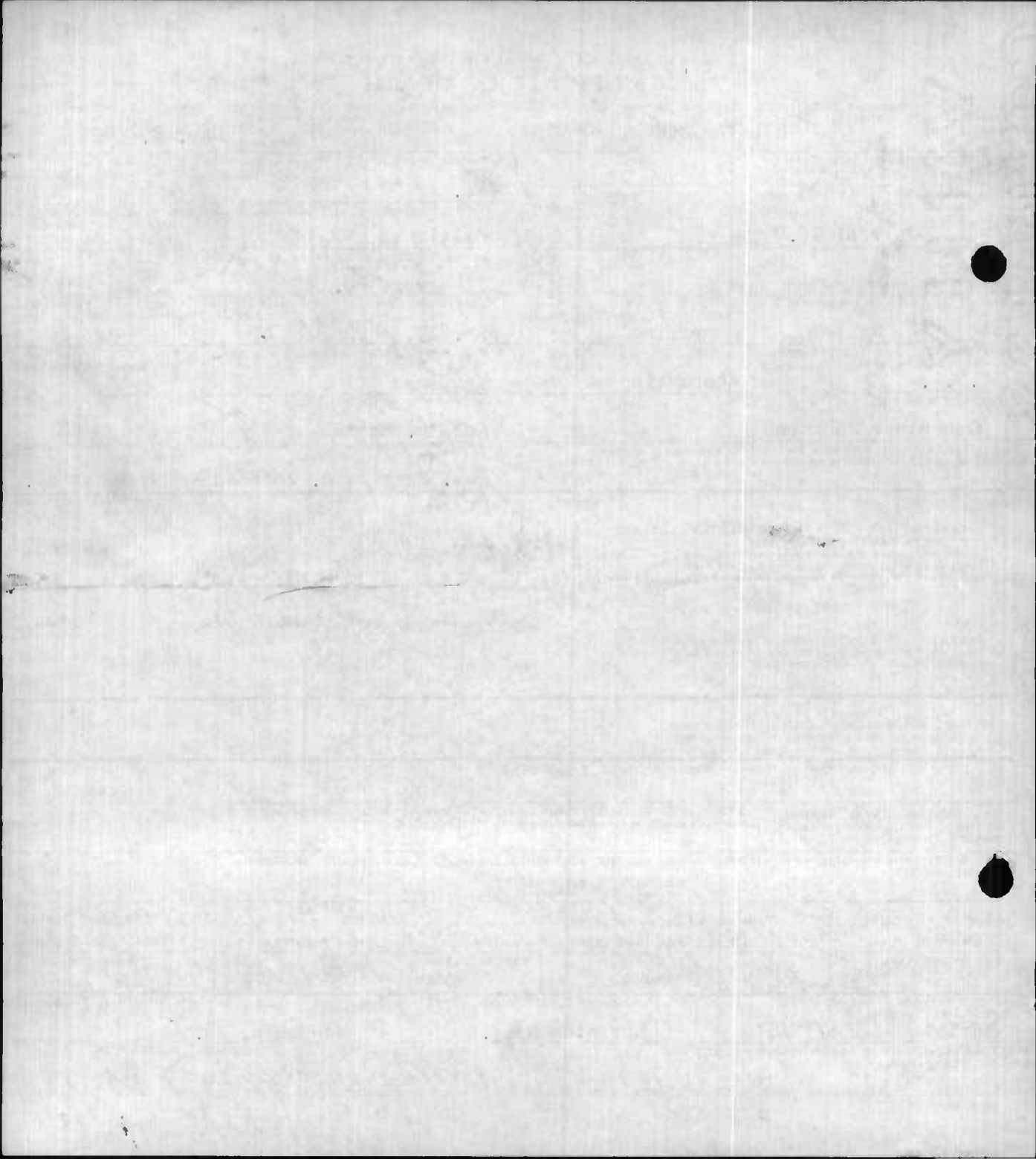
Franklin E. Leslie

25. FUNERAL DIRECTOR

26m. J. Vickers & Sons

ADDRESS

937 Batha 17, Md.



51

9681

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51

9681

Registered No.

1. NAME OF DECEASED (Type or Print) ROBERT STUHLER				2. DATE OF DEATH November 8, 1951			
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY 20-04			
B. FULL NAME OF HOSPITAL OR INSTITUTION Franklin Square Hospital				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
C. Length of stay in Baltimore 45 yrs.				D. STREET ADDRESS (If rural, give location) 105 S. Catherine Street			
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH April 17, 1881		9. AGE (In years last birthday) 70	10. Under 1 Year Months: Days: Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TINNER			10B. KIND OF BUSINESS OR INDUSTRY RETIRED		11. BIRTHPLACE (State or foreign country) GERMANY		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME John Stuhler				14. MOTHER'S MAIDEN NAME KATHERINE Hochrein			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, oo or unknown) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT MARY Stuhler		ADDRESS 105 S. Catherine St.	
18. E812.4 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Skull fracture XXXX (B) Contusion of brain XXXX (C) Compound comminuted fracture of right tibia and fibula				INTERVAL BETWEEN ONSET AND DEATH			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) street		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Catherine Street and Pratt Street			
21D. TIME (Month) (Day) (Year) (Hour) 11/8/51 5:45 P.m.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? pedestrian struck by auto		20/4	
22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .							
23A. SIGNATURE William Updell				23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> M.D. MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED 11/9/51	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 11-12-51		24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer		24D. LOCATION (City, town, or county) (State) BALTIMORE, Md.	
DATE RECEIVED BY LOCAL REGISTRAR NOV 11 1951		REGISTRAR'S SIGNATURE William Updell		25. FUNERAL DIRECTOR Geo. L. Schwab		ADDRESS 2101 Frederick Ave.	

VS 151

N 803.2

170C

CERTIFICATE OF DEATH

STATE OF NEW YORK

Name of Deceased		Date of Death	
Place of Birth		Date of Birth	
Cause of Death		Place of Death	
Signature of Physician		Signature of Registrar	
Signature of Coroner		Signature of Medical Examiner	
Signature of Burial Officer		Signature of Undertaker	
Signature of Minister of Religion		Signature of Cemetery Officer	
Signature of Family		Signature of Friends	
Signature of Witnesses		Signature of Clergy	
Signature of Others		Signature of Others	

51 9682

51 9682

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

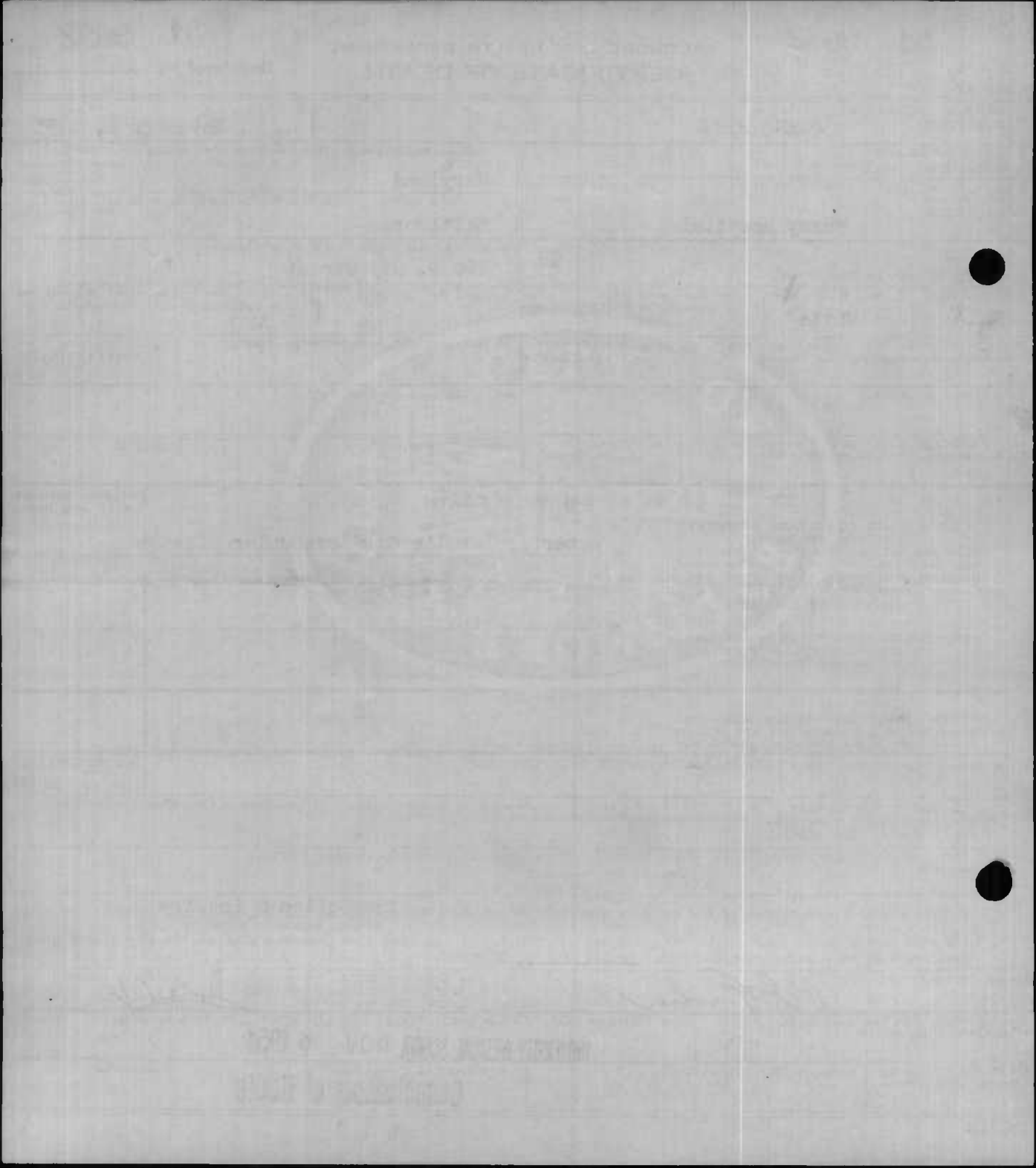
BIRTH NO.			1. NAME OF DECEASED (Type or Print) JOHN RIHN			2. DATE OF DEATH November 2, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland					
B. FULL NAME OF HOSPITAL OR INSTITUTION Mercy Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			4-01		
C. Month of stay in Baltimore			D. STREET ADDRESS (If rural, give location) 160 N. Gay Street					
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH	9. AGE (In years last birthday) 70 ?	H Under 1 Year Months: Days	H Under 24 Hours Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS				

18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH Arteriosclerotic Cardiovascular Disease		INTERVAL BETWEEN ONSET AND DEATH	
(A) DUE TO					
ANTECEDENT CAUSES					
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) DUE TO			
		(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> m. WORK AT WORK		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an <u>inspection & inquiry</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: <u>natural causes</u> <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE <i>R. F. Fisher</i>		23B. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER M.D. MEDICAL INVESTIGATOR		23C. DATE SIGNED 11/2/51	

24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY		24D. LOCATION (City, town, or county) (State)	
DATE RECEIVED BY LOCAL REGISTRAR NOV 11 1951		REGISTRAR'S SIGNATURE <i>Walter J. Williams</i>		25. FUNERAL DIRECTOR Commissioner of Health		ADDRESS	

937



20 51 9683		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		Registered No. 51 9683	
BIRTH NO.				1. NAME OF DECEASED (Type or Print)	
				RENA JONES	
2. DATE OF DEATH				11-10-51	
3. PLACE OF DEATH:				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
A. Baltimore City, Maryland				A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location)				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)	
Maryland General Hospital				Baltimore 11-04	
D. STREET ADDRESS (If rural, give location)				1229 McCulloch Street	
E. Length of stay in Baltimore 10 yrs.				8. DATE OF BIRTH	
5. SEX Female 6. COLOR OR RACE Colored 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED				9. AGE (in years last birthday) 30	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				11. BIRTHPLACE (State or foreign country)	
Housewife				Spartanburg, S.C.	
10B. KIND OF BUSINESS OR INDUSTRY Domestic				12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Robert Oliver				14. MOTHER'S MAIDEN NAME Daisy Regan	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No				16. SOCIAL SECURITY NO. 200000000	
17. INFORMANT Thomas Jones (H)				ADDRESS 1229 McCulloch St.	
18. 443X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)				CAUSE OF DEATH	
(A) Cerebral hemorrhage				INTERVAL BETWEEN ONSET AND DEATH	
DUE TO hypertensive cardiovascular disease					
19. ANTECEDENT CAUSES					
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.					
20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION				19B. MAJOR FINDINGS OF OPERATION	
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.				21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)				21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK				21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> accident <input type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/>					
23A. SIGNATURE Stanley H. Durelacher M.D.				23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial				24B. DATE 11/13/51	
24C. NAME OF CEMETERY OR CREMATORY Liberty Hill Cem.				24D. LOCATION (City, town, or county) (State) Summerton, S.C.	
DATE RECEIVED BY LOCAL REGISTRAR NOV 11 1951				REGISTRAR'S SIGNATURE	
VS 151				25. FUNERAL DIRECTOR ADDRESS Charles Porter 512 Canoe Creek Rd	

MEDICAL CERTIFICATION

93D ✓

DEPARTMENT OF COMMERCE
BUREAU OF CUSTOMS



25
51 9684BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

51 9684

BIRTH NO.

1. NAME OF DECEASED (Type or Print) REGINA GLASSMAN			2. DATE OF DEATH November 10, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) INSTITUTION 2843 W Garrison Ave			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 27-17		
C. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 2843 W Garrison Ave		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 24, 1912	9. AGE (In years last birthday) 39	If Under 1 Year Months Days If Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10B. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (State or foreign country) Baltimore Md	
12. CITIZEN OF WHAT COUNTRY? U.S.A.			13. FATHER'S NAME Sigmund Ochs		
14. MOTHER'S MAIDEN NAME Helen Wittgenstein			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		
16. SOCIAL SECURITY NO.			17. INFORMANT ADDRESS Harry Glassman 2843 W Garrison Ave		

18. 160x I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH (A) Carcinoma of Nose DUE TO (B) DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH 2 years
--	---	---

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Oct 1, 1949, to Nov 10, 1951, that I last saw the deceased alive on Nov 10, 1951, and that death occurred at 7 P. m., from the causes and on the date stated above.					
23A. SIGNATURE Manuel Levin		23B. ADDRESS 1818 Reisterstown Rd		23C. DATE SIGNED Nov 11, 1951	

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Nov 11, 1951		24C. NAME OF CEMETERY OR CREMATORY Hebrew Friendship Cemetery		24D. LOCATION (City, town, or county) (State) Baltimore Md	
DATE RECEIVED BY LOCAL REGISTRAR NOV 11 1951		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR Sol Lewenson & Sons		ADDRESS 1126 W North Ave	

VS 150

53

453

51 9685

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 9685
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) Mr. John Blunt		2. DATE OF DEATH Nov. 10, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore			
B. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 118 S. Madeira Street			
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 16, 1890		9. AGE (in years last birthday) 61
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pensioned		10B. KIND OF BUSINESS OR INDUSTRY Balto. Transit Co.		11. BIRTHPLACE (State or foreign country) Anne Arundel Co., Md.	
13. FATHER'S NAME RICHARD BLUNT		14. MOTHER'S MAIDEN NAME CAVELLA TURNER			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. NO RE		17. INFORMANT Mrs A. Blunt	
18. 331X		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)		(A) Cerebral Vascular Accident (Left Parietal Area)			
ANTECEDENT CAUSES		(B) Arteriosclerotic Cerebral Vascular			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C) Distal Cerebral Arteriosclerosis			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 11-5-51 , 19 51 , to 11-10- , 19 51 , that I last saw the deceased alive on 11-10- , 19 51 , and that death occurred at 7:45 A.M. from the causes and on the date stated above.					
23A. SIGNATURE E. P. Coffey Jr.		23B. ADDRESS 1100 N. Caroline Street		23C. DATE SIGNED 11/10/51	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 11/14/51		24C. NAME OF CEMETERY OR CREMATORY GLEN HAVEN	
24D. LOCATION (City, town, or county) A.A. Co., Md.		24E. NAME OF CEMETERY OR CREMATORY GLEN HAVEN		24F. LOCATION (City, town, or county) A.A. Co., Md.	
DATE RECEIVED BY LOCAL REGISTRAR NOV 11 1951		REGISTRAR'S SIGNATURE William Williams		25. FUNERAL DIRECTOR Mrs. Medred L. Blight	
				ADDRESS 830 6009 Harford Rd	

MEDICAL CERTIFICATION

COPIES 22

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51 9686

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 9686

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)*Carolina Seimback*2. DATE
OF
DEATH*Nov 9. 51*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

*Balto Md*B. FULL NAME OF
HOSPITAL OR
INSTITUTION

(If not in hospital or institution, give street address or location)

2721 Ingelwood Rd Ave

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY*None**None*

13. FATHER'S NAME

*Carl Eibes*15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.*None**Mrs. Cleora*

17. INFORMANT

*Hildebrand*ADDRESS *2721 Ingelwood Ave*18. *151X*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Carcinoma of Stomach

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH*1 yr.*

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

TIME (Month) (Day) (Year) (Hour)

INJURY

21E. INJURY OCCURRED

WHILE AT ☐NOT WHILE ☐

m.

WORK

AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Nov 1, 1949*, to *Nov 9, 1951*, that I last saw the
deceased alive on *Nov 9, 1951*, and that death occurred at *8:20 a.m.*, from the causes and on the date stated above.

23A. SIGNATURE

George Sawyer

M. D.

23B. ADDRESS

4808 Harford Rd.

23C. DATE SIGNED

*11/10/51*24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

11/12/51

24C. NAME OF CEMETERY OR CREMATORY

Cathwood

24D. LOCATION (City, town, or county)

Taylor Ave

(State)

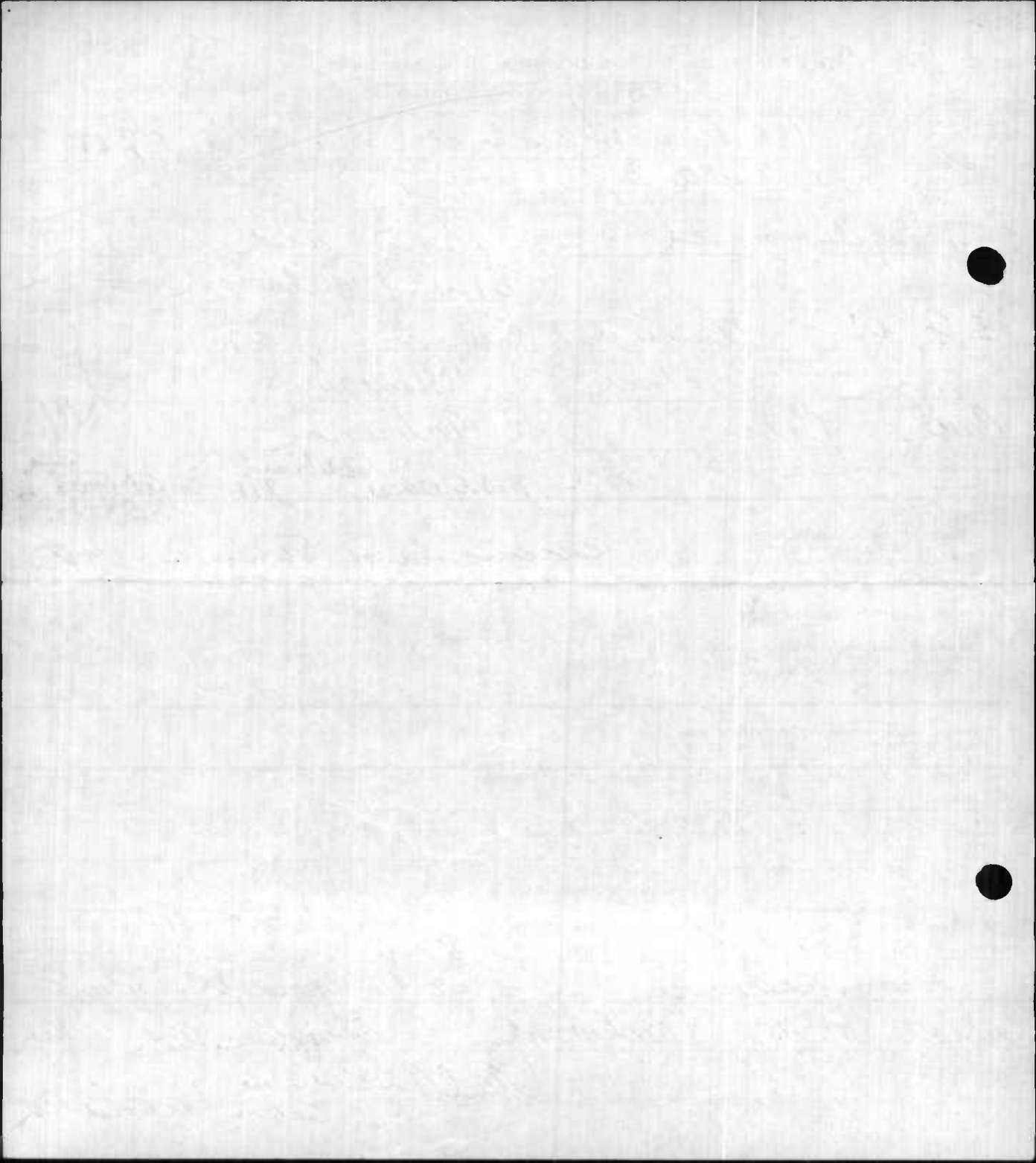
*Md*DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

*Nov 11 1951**William Williams, Jr.**Paul A. Keene**6067 Harford Rd**46B*



20
51 9687BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 9687
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Elizabeth M. Lang</i>			2. DATE OF DEATH <i>Nov 9th 1951</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>1230 N. Elwood Ave</i>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md</i> B. COUNTY <i>8-03</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto</i>		
c. Length of stay in Baltimore <i>Life</i>			D. STREET ADDRESS (If rural, give location) <i>1230 N. Elwood Ave</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widow</i>	8. DATE OF BIRTH <i>Sept 28th 1885</i>	9. AGE (In years last birthday) <i>66</i>	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Lebanon Lodge Hopkins Real Estate</i>			11. BIRTHPLACE (State or foreign country) <i>Md</i>		
13. FATHER'S NAME <i>Bernard H. Mangels</i>			12. CITIZEN OF WHAT COUNTRY?		
15. WAS DECEASED EVER IN U. S. ARMED FORCES (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT <i>Francis Lang</i>			ADDRESS <i>1230 N. Elwood Ave</i>		

18. <i>420.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH <i>Coronary Thrombosis -</i> DUE TO <i>arterio sclerosis -</i> <i>Cardio-vascular Hypertensive -</i> DUE TO <i>arterio - sclerosis</i> <i>obesity</i>	INTERVAL BETWEEN ONSET AND DEATH <i>stat -</i> <i>Nov 9/51</i> <i>June 1/51</i>
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *June 1*, 1951, to *Nov 9*, 1951, that I last saw the deceased alive on *Nov 4*, 1951, and that death occurred at *10 P.* m., from the causes and on the date stated above.

23A. SIGNATURE *Louis F. Kreuslein* M. D. 23B. ADDRESS *722 No. Kenwood Ave* 23C. DATE SIGNED *11/10/51*

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>Nov 13th 1951</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Balto. National</i>	24D. LOCATION (City, town, or county) (State) <i>Friedrich Road</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>NOV 11 1951</i>	REGISTRAR'S SIGNATURE <i>[Signature]</i>	25. FUNERAL DIRECTOR <i>Leah Leah 1203 N. Patterson Park Ave</i>	ADDRESS

722 N. Sunwood Ave

51 9688

51 9688

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO. 51-25346

1. NAME OF DECEASED
(Type or Print)

BABY GIRL SELL

"B"

2. DATE
OF
DEATH

10/28/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Baltimore, Md.

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

University Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balt. 25-05

D. STREET ADDRESS (If rural, give location)

1500 Cypress St.

C. Length of stay in Baltimore

1

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

10-27-51

9. AGE (In years last birthday)

H Under 1 Year
Months: Days: 1H Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

George Leroy Sell

14. MOTHER'S MAIDEN NAME

Virginia R. Kinkaid

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

George Sell

18. 776X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Prematurity

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/27 1951, to 10/28, 1951, that I last saw the
deceased alive on 10/28, 1951, and that death occurred at 9:00 p.m., from the causes and on the date stated above.

22A. SIGNATURE

James M. Branner

22B. ADDRESS

M. D.

University Hospital

22C. DATE SIGNED

10/28/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

UNIVERSITY MEDICAL SCHOOL NOV 2 1951

Commissioner of Health

NOV 1 1951

VS 150

159

MEDICAL CERTIFICATION

CERTIFICATE OF DEATH

10-27-01
Hempstead

10-27-01

W

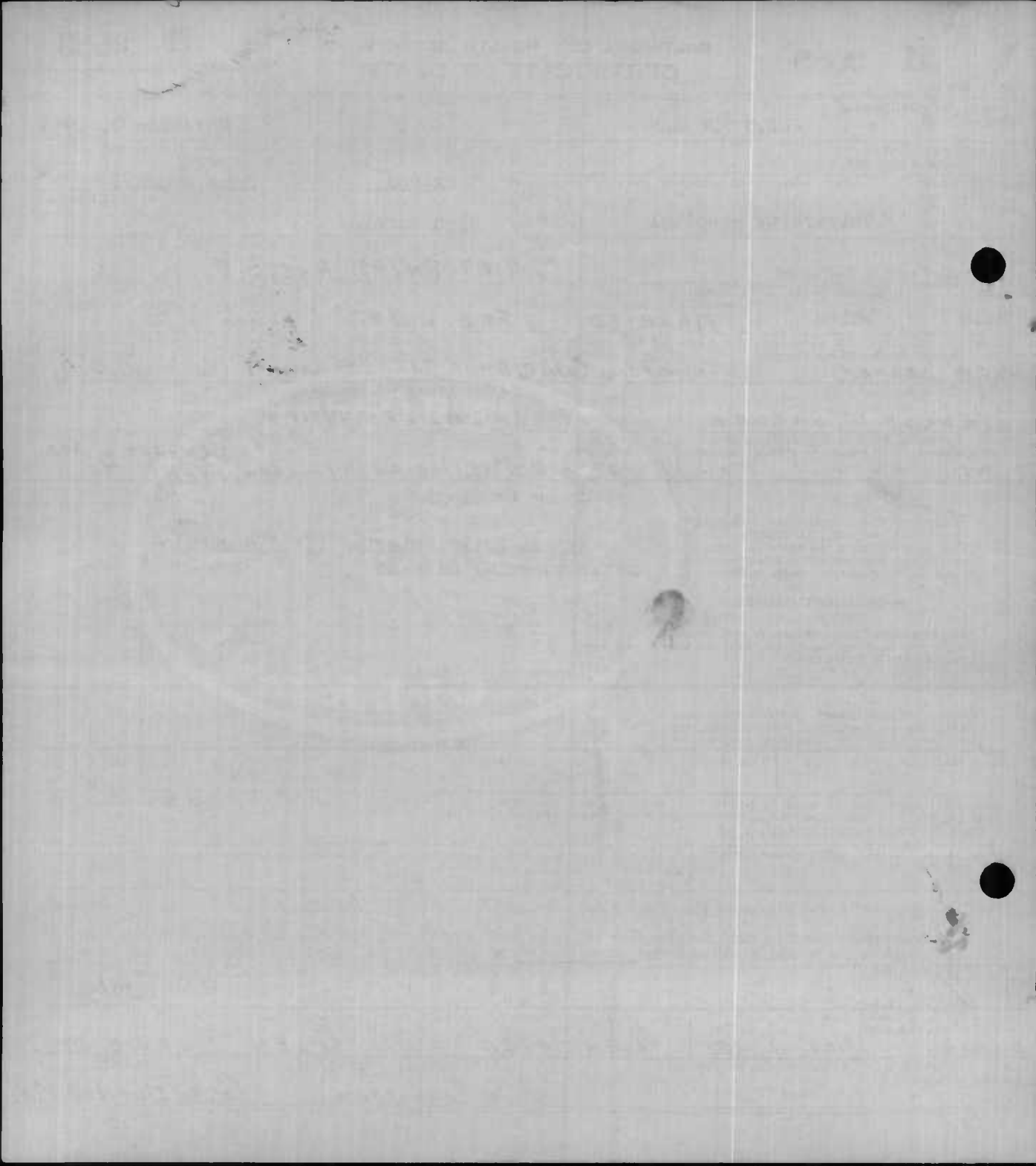
7

10-27-01
Hempstead

51 9689

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 9689
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) ALTON DURNER		2. DATE OF DEATH November 9, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY Anne Arundel			
B. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Glen Burnie			
C. Birth of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 107 THIRD AVE; S.E.			
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH FEB. 4, 1887	9. AGE (in years last birthday) 64	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DRUM CLEANER		10B. KIND OF BUSINESS OR INDUSTRY U.S. INDUSTRIAL CHEM. CO.		11. BIRTHPLACE (State or foreign country) ANNE ARUNDEL COUNTY MD	
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13. FATHER'S NAME GEORGE M. DURNER			
14. MOTHER'S MAIDEN NAME LAURA WADE.		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) NO			
16. SOCIAL SECURITY NO. 218-03-6151		17. INFORMANT MRS. MARIAN NICKOLSON, 918 FRANCIS AVE. RELAY, MD.			
18. 443 X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Hypertensive arteriosclerotic cardio-vascular disease		INTERVAL BETWEEN ONSET AND DEATH			
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) _____ (C) _____		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .			
23A. SIGNATURE William J. Singleton		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED 11/9/51	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE Nov. 12, 1951		24C. NAME OF CEMETERY OR CREMATORY GLEN HAVEN	
24D. LOCATION (City, town, or county) (State) GLEN BURNIE MD.		25. FUNERAL DIRECTOR T. W. SINGLETON		ADDRESS GLEN BURNIE, MD.	



625
51 9690BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 9690
Registered No. _____

BIRTH NO. 51-03827

1. NAME OF DECEASED
(Type or Print)

Patricia Ann Larkins

2. DATE
OF
DEATH

11-9-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

University Hospital

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

13. FATHER'S NAME

Robert Larkins

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Alvian Larkins 870 Carroll St.

18. 491X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

DUE TO

(A) Bronchopneumonia

2 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(B)

Heart failure

3 hrs

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-7, 1951, to 11-9, 1951, that I last saw the
deceased alive on 11-9, 1951, and that death occurred at 12:00 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Robert M. Hiday Jr.

M. D.

23B. ADDRESS

University Hospital

23C. DATE SIGNED

11-9-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

11/12/51

24C. NAME OF CEMETERY OR CREMATORY

Lorraine

24D. LOCATION (City, town, or county) (State)

Balto. Co. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

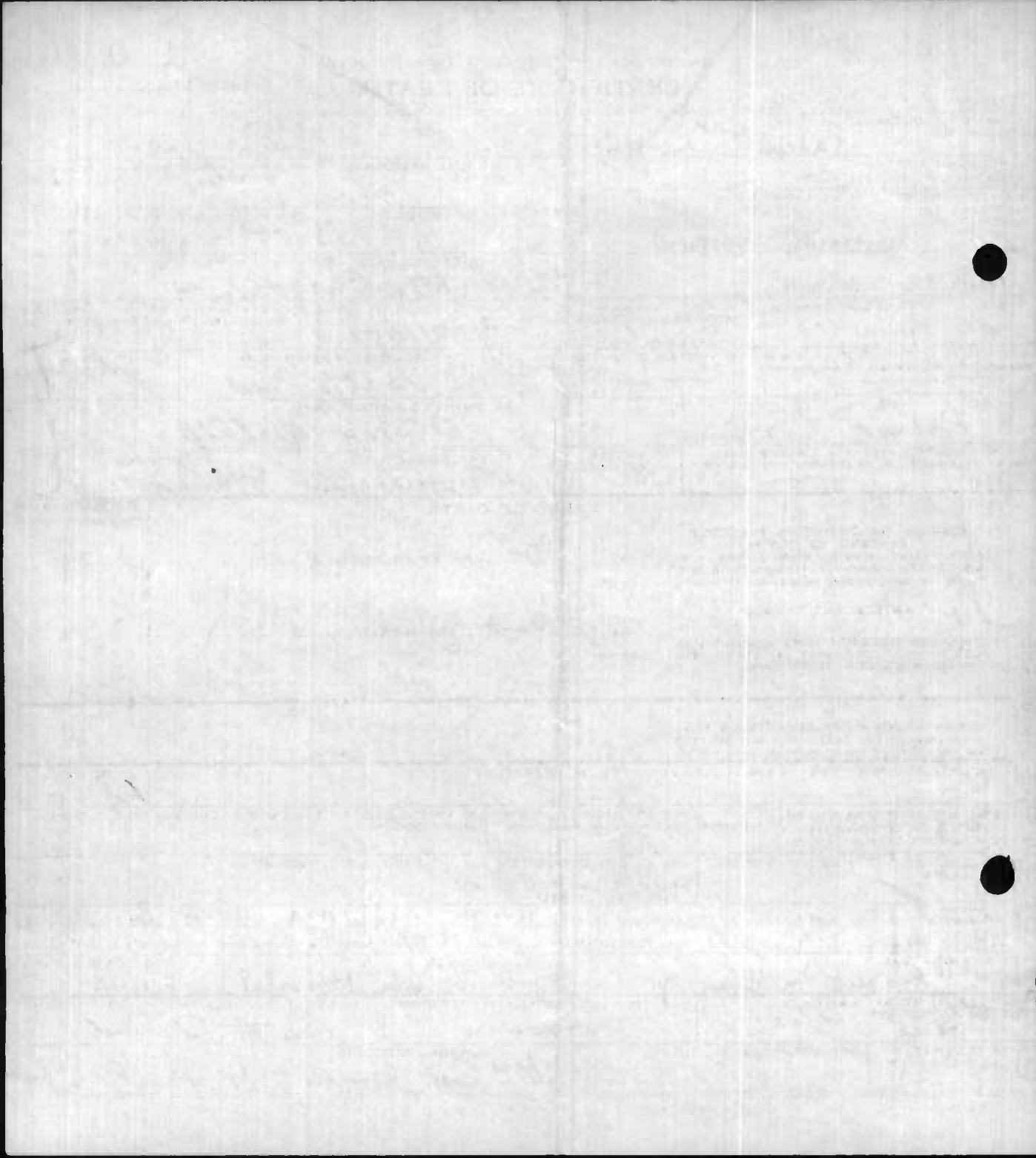
REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

ADDRESS

Wm Cook Inc. 1217 St. Paul St.



51 9691
425

51 9691

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

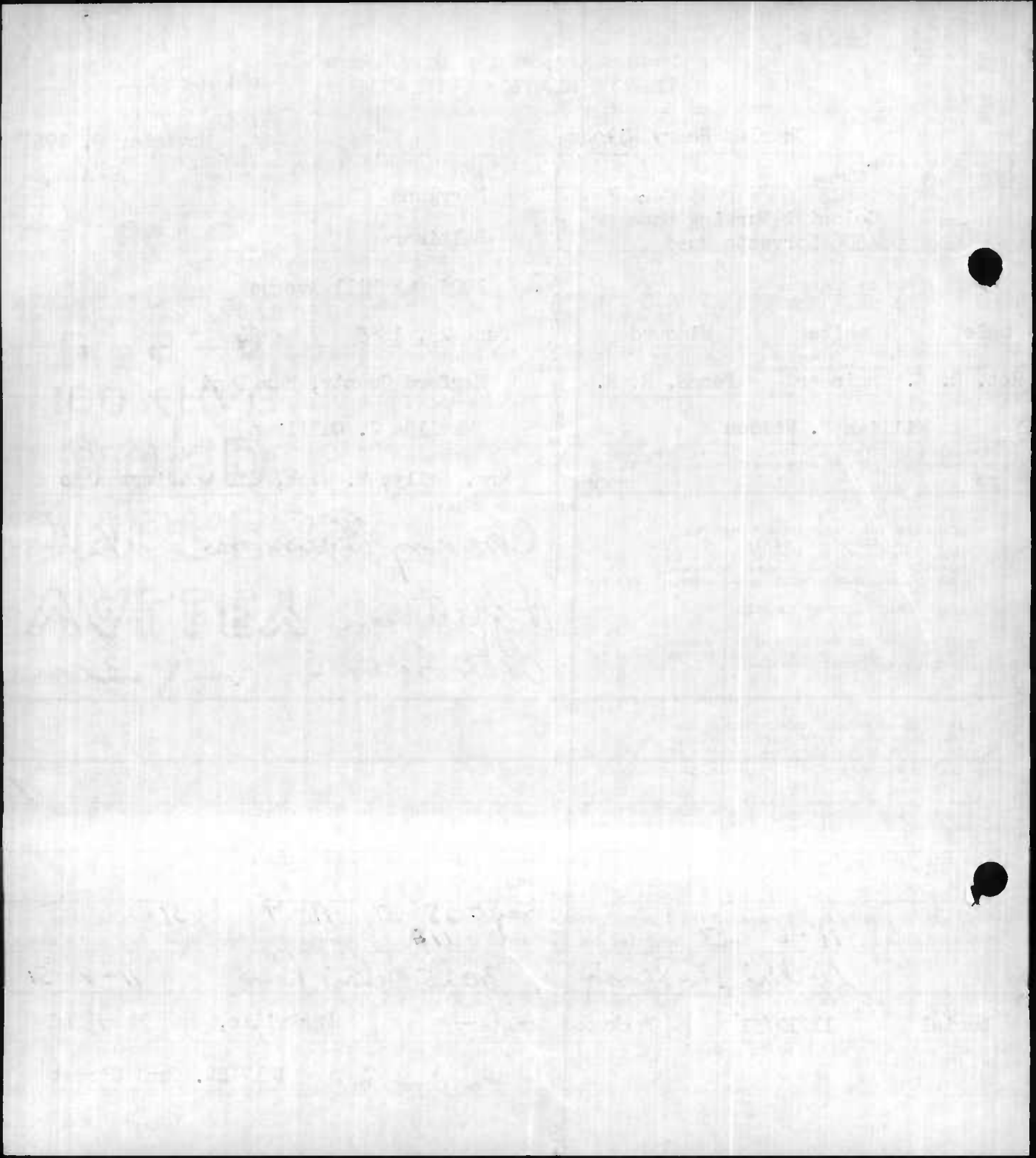
Registered No. _____

BIRTH NO. _____		1. NAME OF DECEASED (Type or Print) Charles Henry Wilson		2. DATE OF DEATH November 9, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland B. COUNTY _____			
B. FULL NAME OF HOSPITAL OR INSTITUTION Colonial Nursing Home 4506 Sorrento Road		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 7-08			
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) 1905 Oak Hill Avenue			
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH June 23, 1865	9. AGE (in years last birthday) 86	10. Under 1 Year Months: _____ Days: _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. R. R. Engineer		10B. KIND OF BUSINESS OR INDUSTRY Penna. R. R.		11. BIRTHPLACE (State or foreign country) Harford County, Maryland	
12. CITIZEN OF WHAT COUNTRY? _____		13. FATHER'S NAME William H. Wilson			
14. MOTHER'S MAIDEN NAME Matilda J. Cullison		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no			
16. SOCIAL SECURITY NO. none		17. INFORMANT ADDRESS Mrs. Nellye V. Wich, 834 Woodington Road			

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary Thrombosis (A) _____ DUE TO _____ Hypertension (B) _____ DUE TO _____ arteriosclerosis (C) _____		INTERVAL BETWEEN ONSET AND DEATH 1/2 hour year year
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. _____		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____	
21D. TIME (Month) (Day) (Year) (Hour) INJURY _____		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from Sept 28, 1957 , to 11-9 , 1957, that I last saw the deceased alive on 11-6 , 1957, and that death occurred at 11:00 m., from the causes and on the date stated above.					
23A. SIGNATURE William L. Deary M. D.		23B. ADDRESS 3025 Belair Road		23C. DATE SIGNED 11-9-51	
24A. BURIAL, CREMATION, REMOVAL (Specify) burial		24B. DATE 11/12/51		24C. NAME OF CEMETERY OR CREMATORY Parkwood Cemetery	
24D. LOCATION (City, town, or county) (State) Parkville, Maryland		25. FUNERAL DIRECTOR ADDRESS Wm. Cook, Inc., 1217 St. Paul Street			

94a



45 51 9692

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 9692

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Samuel James McLain

2. DATE
OF
DEATH

November 8, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

803 East 33rd Street

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

803 East 33rd Street

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

June 13, 1861

9. AGE (In years
last birthday)

90

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Ret. Mechanic

10B. KIND OF BUSINESS OR
INDUSTRY

Gas & Electric Co.

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Levin McLain

14. MOTHER'S MAIDEN NAME

Mary Duhammel

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.
none

17. INFORMANT

ADDRESS

Elizabeth McLain, 803 East 33rd Street

18. 331X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Cerebro-Vascular Accident

1 week

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Arteriosclerosis

(C) DUE TO

Senility

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐ NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1949, 19, to Nov. 8, 1951, that I last saw the
deceased alive on Nov. 8, 1951, and that death occurred at 12:00 P.m., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

burial

24B. DATE

11/12/51

24C. NAME OF CEMETERY OR CREMATORY

Baltimore Cemetery

24D. LOCATION (City, town, or county)

Baltimore,

Maryland

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 11 1951

Wm. Cook, Inc.,

1217 St. Paul Street

3625

1000 3 20 1960

~~SECRET~~

TO: SAC, NEW YORK

FROM: SAC, NEW YORK

SUBJECT: [illegible]

RE: [illegible]

1. [illegible]

2. [illegible]

3. [illegible]

4. [illegible]

5. [illegible]

6. [illegible]

7. [illegible]

8. [illegible]

9. [illegible]

10. [illegible]

12 51 9693

51 9693

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO. 51-28305

1. NAME OF DECEASED
(Type or Print)

Ellen Tompakov

2. DATE
OF
DEATH

11.3.1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Doctors Hospital

4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2441 Shirley Ave

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

infant

8. DATE OF BIRTH

11.1.1951

9. AGE (In years
last birthday)10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.

1 13 24

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

infant

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Md

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Alvin B. Tompakov

14. MOTHER'S MAIDEN NAME

Frieda, E. Fleischer

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 762.5

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, assthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Atelectasis of the lungs

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

prematurity

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11.1.1951, to 11.3.1951, that I last saw the
deceased alive on 11.3.1951, and that death occurred at 11:20 Am., from the causes and on the date stated above.

23A. SIGNATURE

Gerald London

M. D.

23B. ADDRESS

300 E. North Ave

23C. DATE SIGNED

11-5-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

JOHN HOPKINS MEDICAL SCHOOL NOV 8 1951

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 11 1951

Commissioner of Health

50 51 9694

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

51 9694

BIRTH NO. 51-26360

1. NAME OF DECEASED
(Type or Print)

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

5. SEX

M

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR
INDUSTRY

—

13. FATHER'S NAME

Vincent Falloni

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(Yes, no or unknown)

16. SOCIAL
SECURITY NO.4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Md. Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

8000 Hillendale Rd. 5300

8. DATE OF BIRTH

11-2-57

9. AGE (in years
last birthday)

1W 4M

If Under 1 Year Months Days

1 45

If Under 24 Hours Hours Min.

12. CITIZEN OF
WHAT COUNTRY?

U.S.

11. BIRTHPLACE (State or foreign country)

Maryland

14. MOTHER'S MAIDEN NAME

Patricia Smith

17. INFORMANT

Father

ADDRESS

8000 Hillendale

18. 776X I

CAUSE OF DEATH

Crematurity

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Cremature labor

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

m. WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-2-57, 19, to 11-2-57, 19, that I last saw the
deceased alive on 11-2-57, 19, and that death occurred at 9:00 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Robert G. Slom

M. D.

23B. ADDRESS

Church Home & Hosp

23C. DATE SIGNED

11-2-57

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

JOHN HOPKINS MEDICAL SCHOOL NOV 5 1951

DATE RECEIVED BY
LOCAL REGISTRAR

NOV 11 1951

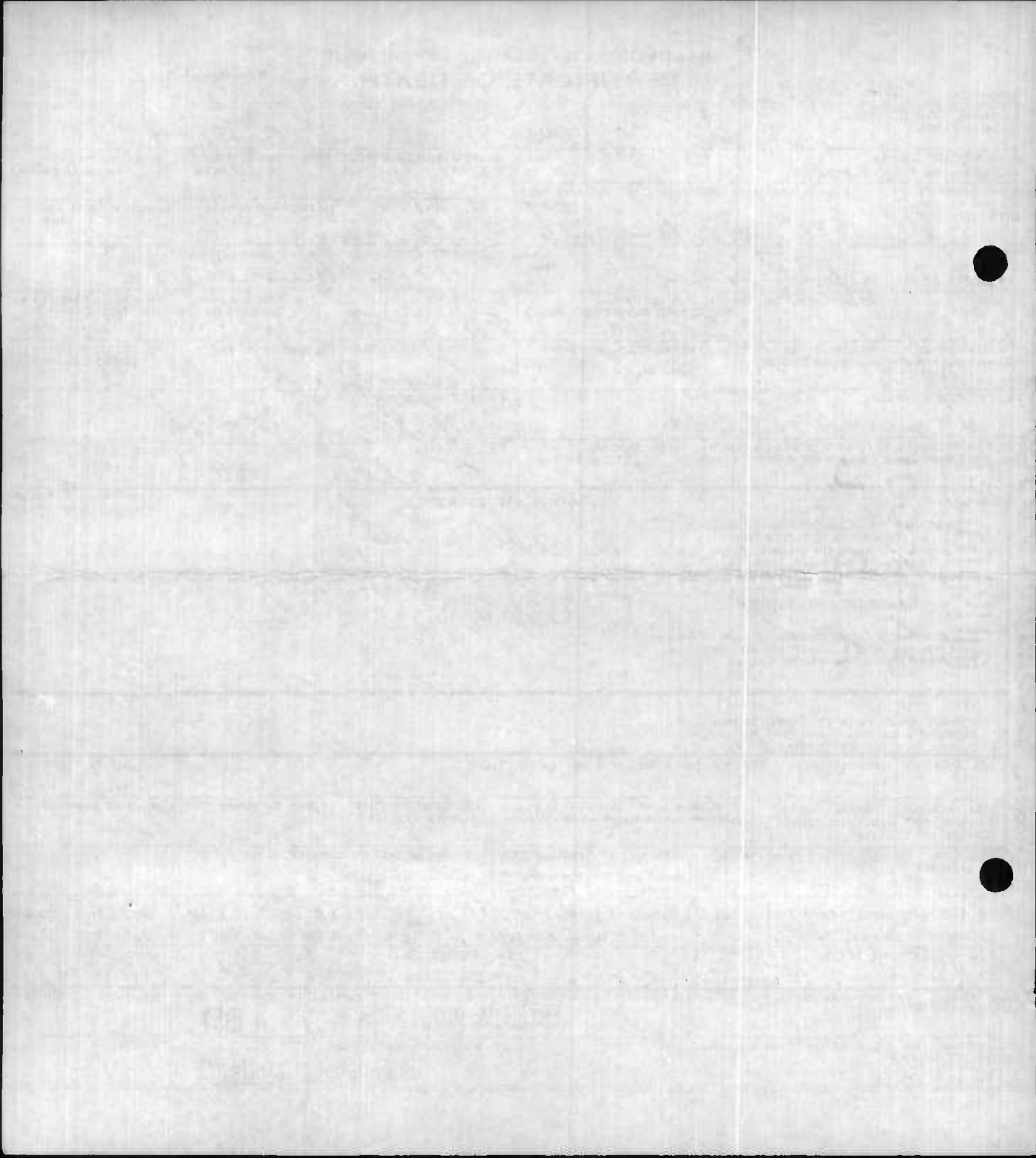
REGISTRAR'S SIGNATURE

Christington Williams, Jr.

25. FUNERAL DIRECTOR

Commissioner of Health

ADDRESS



51 9695

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 9695

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Jessie Robbins

2. DATE
OF
DEATH

November 9, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland University Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence)

A. STATE

B. COUNTY

Maryland Snow Hill

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

University Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Snow Hill

D. STREET ADDRESS (If rural, give location)

7300

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

B

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Oct. 1948

9. AGE (In years
last birthday)

3

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Sedney Robbins

14. MOTHER'S MAIDEN NAME

Ella Mae Dailey

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Clay Dennis Snow Hill Md.

18. 756.2

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) Peritonitis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Postoperative Peritonitis Colon

DUE TO

(C) Congenital Megacolon

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

November 2, 1951

19B. MAJOR FINDINGS OF OPERATION

Congenital Megacolon

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 1, 1951, to November 9, 1951, that I last saw the deceased alive on Nov. 9, 1951, and that death occurred at 6:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Edmund P. Smith Jr.

M. D.

23B. ADDRESS

University Hospital

23C. DATE SIGNED

11/11/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

11-11-51

24C. NAME OF CEMETERY OR CREMATORY

Friendship Cem

24D. LOCATION (City, town, or county) (State)

Snow Hill Md.

DATE RECEIVED BY
LOCAL REGISTRAR

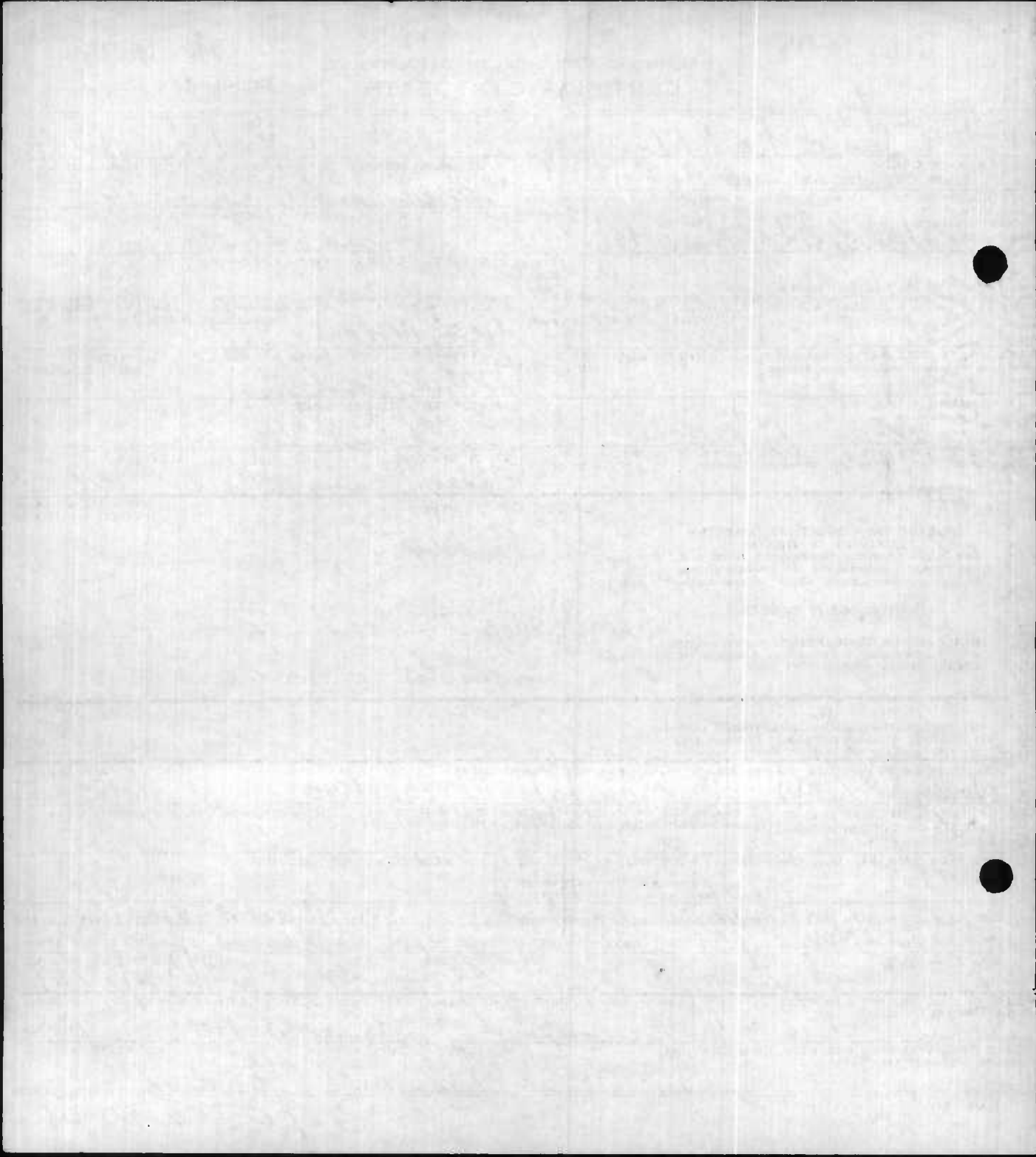
REGISTRAR'S SIGNATURE

[Signature]

25. FUNERAL DIRECTOR

ADDRESS

Rayner Sanders



834

51 9696

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 9696
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

John J. Handley

2. DATE
OF
DEATH

Nov. 9, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland 1321 Homewood Ave

5. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1321 Homewood Ave

c. Length of stay in Baltimore

60 Years

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Widower

8. DATE OF BIRTH

Aug. 9, 1879

9. AGE (In years
last birthday)

72

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired

10B. KIND OF BUSINESS OR INDUSTRY

Carpenter

11. BIRTHPLACE (State or foreign country)

Ireland

12. CITIZEN OF
WHAT COUNTRY?
U. S.

13. FATHER'S NAME

Handley

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

217-07-2586

17. INFORMANT

ADDRESS

Mrs. Robins 1321 Homewood Ave

18. 422.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Myocardial Dysrhythmia

INTERVAL BETWEEN
ONSET AND DEATH

15 years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Generalized Arteriosclerosis

(C) DUE TO

Atherosclerosis

15 years

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

22. I hereby certify that I attended the deceased from Sept 20 1951 to Nov 9, 1951, that I last saw the deceased alive on Nov 9, 1951, and that death occurred at 11:55 P.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

24B. DATE

Nov. 12, 1951

24C. NAME OF CEMETERY OR CREMATORY

Cathedral

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Rita Wiedefeld, 900 E. Biddle St

THE UNIVERSITY OF CHICAGO
LIBRARY
1207 EAST 58TH STREET
CHICAGO, ILL. 60637
TEL. 733-4331
FAX 733-4331
WWW.CHICAGO.EDU

WILEY
COLLARS
NO. 100
D. 2

WILEY
COLLARS
NO. 100
D. 2

51 9697

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 9697

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

LEROY T. MANKIN

2. DATE
OF
DEATH

Nov. 9, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

LUTHERAN HOSPITAL OF MD., Inc.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

MARYLAND ANNE ARUNDEL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

ODENTON

D. STREET ADDRESS (If rural, give location)

FOURTH STREET 5200

c. Length of stay in Baltimore

3

Yrs.
Mos.
Days

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

MARCH 10, 1889

9. AGE (In years
last birthday)

62

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

FILTATION OPR. RETIRED FT. GEO. G. MEADE

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

BALTIMORE MD.

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

GEORGE L. MANKIN

14. MOTHER'S MAIDEN NAME

NORA E. HAWKINS

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

W. W. I

16. SOCIAL
SECURITY NO.

NONE.

17. INFORMANT

ADDRESS

MRS. PEARL E. MANKIN, ODENTON, MD.

18. 443X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Central vascular accident

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

60 hours

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Hypertensive cardio-vas. disease

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/7 1951, to 11/9 1951, that I last saw the
deceased alive on 11/9 1951, and that death occurred at 6⁰⁰ p. m., from the causes and on the date stated above.

23A. SIGNATURE

Ernest A. Altman

M. D.

23B. ADDRESS

Lutheran Hosp.

23C. DATE SIGNED

11/9/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

NOV. 13, 1951

24C. NAME OF CEMETERY OR CREMATORY

NATIONAL

24D. LOCATION (City, town, or county)

BALTIMORE

MD

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 11 1951

T. W. SINGLETON

GLEN BARNIE, MD

VS 150

937

MEDICAL CERTIFICATION

RECEIVED
OFFICE OF THE
SHERIFF
JAN 10 1900

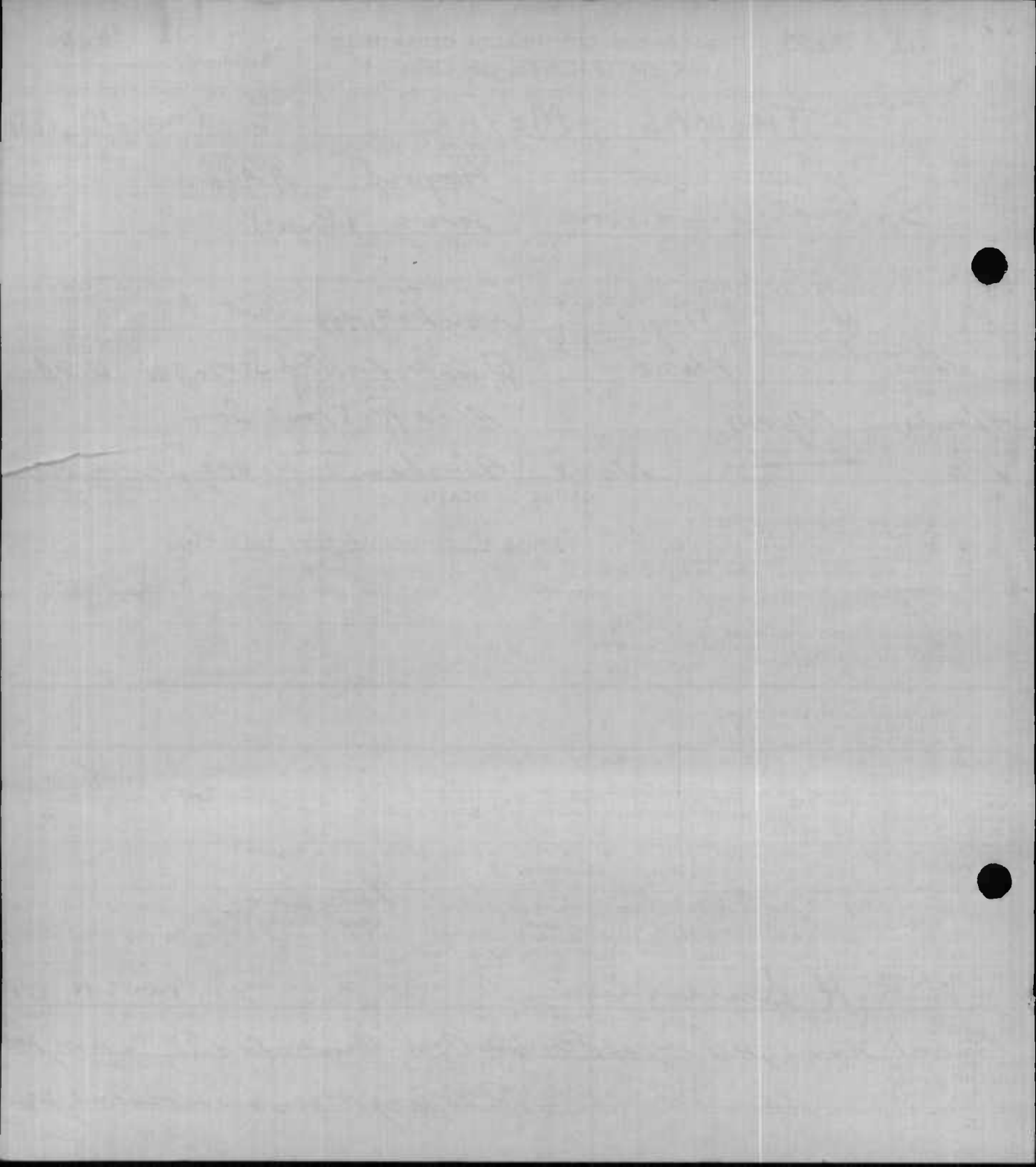
TO THE
SHERIFF
OF THE
COUNTY OF
SHERMAN
FROM
THE
SHERIFF
OF THE
COUNTY OF
SHERMAN
JAN 10 1900

620
51 9698BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 9698
Registered No. _____

BIRTH NO. <i>Reckles</i>		1. NAME OF DECEASED (Type or Print) THOMAS MEYERS		2. DATE OF DEATH Nov. 10, 1951	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Maryland b. COUNTY A.A.Co.			
b. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION S. Balt. Gen. Hosp.		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Severn (Rural)			
c. Length of stay in Baltimore		d. STREET ADDRESS (If rural, give location) 6200			
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH March 17, 1949	9. AGE (In years last birthday) 2	10. Under 1 Year Months: Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (State or foreign country) Quarterfield Rd. Severn, Md. U.S.A.	
13. FATHER'S NAME Abraham Myers		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		14. MOTHER'S MAIDEN NAME Alice R. Simp Son	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		17. INFORMANT Abraham T. Myers, Severn, Md.		ADDRESS	

18. 475X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Acute upper respiratory infection DUE TO (A) DUE TO (B) DUE TO (C)	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or ^{and} Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE Stanley H. Dunleavy		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED Nov. 11, 1951	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burn		24B. DATE Nov. 13, 1951		24C. NAME OF CEMETERY OR CREMATORY Myers Private Cem.	
24D. LOCATION (City, town, or county) (State) Severn, Md.		24E. FUNERAL DIRECTOR R. V. Singleton, Glen Burnie, Md.		24F. ADDRESS	



362
51 9899BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 9899
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

THOMAS

WATERS (WHATERS)

2. DATE
OF
DEATH

November 7, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Johns Hopkins Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

19 N. Durham Street

C. Length of stay in Baltimore

life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

June 8-90

9. AGE (In years
last birthday)

61

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Salesman

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Isaiah Whaters

14. MOTHER'S MAIDEN NAME

Sophia Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

218-09-238

17. INFORMANT

ADDRESS

Bernie Whaters 19 N. Durham St

18. 002X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) Pulmonary tuberculosis

002X

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Cirrhosis of the liver

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
M.D. MEDICAL INVESTIGATOR

23C. DATE SIGNED

Nov. 8, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 11 1951

VS 151

130

612

51 9700

BIRTH NO.

51 9700

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

51 9700

1. NAME OF DECEASED

(Type or Print)

Adele Harbacker

2. DATE OF DEATH

NOV 11 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE N. J.

B. COUNTY V-27

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Shore Acres

c. Length of stay in Baltimore

Yrs. Mos. Days

D. STREET ADDRESS (If rural, give location)

108 Halsey Drive

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

11-18-91

9. AGE (In years last birthday)

59

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

N. J.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Robert J. Poische

14. MOTHER'S MAIDEN NAME

Lillian Neiman

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

JOHNS HOPKINS HOSPITAL

18. 153X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinoma of colon

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

1 year

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

11-2-51

19B. MAJOR FINDINGS OF OPERATION

Carcinoma of colon

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-27-1951 to 11-11-1951, that I last saw the deceased alive on 11-11-1951, and that death occurred at 1204 P.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

11-11-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 150

46E

MEDICAL CERTIFICATION

THEORY OF THE EARTH

CHAPTER I

OF THE EARTH

SECTION I

OF THE EARTH

CHAPTER II

OF THE EARTH

SECTION II

OF THE EARTH

CHAPTER III

OF THE EARTH

SECTION III

OF THE EARTH

CHAPTER IV

OF THE EARTH

SECTION IV

OF THE EARTH

CHAPTER V

OF THE EARTH

SECTION V

OF THE EARTH

CHAPTER VI

OF THE EARTH

THEORY OF THE EARTH

632
51 9701BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 9701

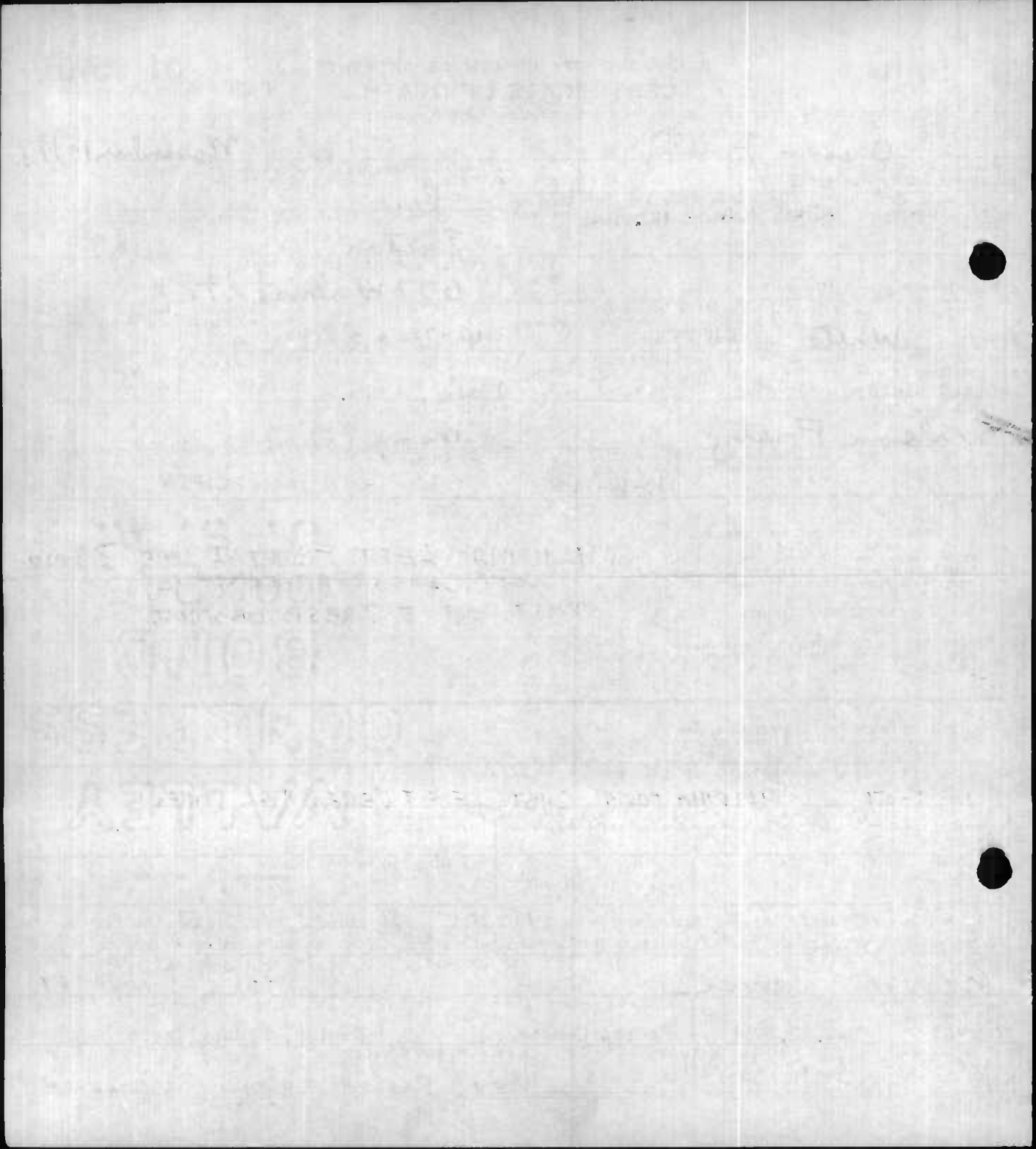
BIRTH NO.

1. NAME OF DECEASED (Type or Print) Oscar Fretz			2. DATE OF DEATH November 10, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Pa. B. COUNTY V-35		
B. FULL NAME OF (If not in hospital or institution, give street address or location) JOHNS HOPKINS HOSPITAL			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Easton		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 677 Walnut St.		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED	8. DATE OF BIRTH 4-21-92	9. AGE (In years last birthday) 59	If Under 1 Year Months Days If Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Moving picture operator			11. BIRTHPLACE (State or foreign country) Easton, Penna.		
10B. KIND OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME Wilson Fretz			14. MOTHER'S MAIDEN NAME Mary Damb		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. 113-10-9480		
			17. INFORMANT ADDRESS JOHNS HOPKINS HOSPITAL		

18. 193X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) GLIOMA LEFT FRONTAL LOBE, LEFT CEREBRAL HEMISPHERE, POST OP. 2 ? RESP. OBSTRUCT.	CAUSE OF DEATH (A) GLIOMA LEFT FRONTAL LOBE, LEFT CEREBRAL HEMISPHERE, POST OP. 2 ? RESP. OBSTRUCT. (B) (C) INTERVAL BETWEEN ONSET AND DEATH 23 mo.
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION 11-9-51	19B. MAJOR FINDINGS OF OPERATION GLIOMATOUS CYST LEFT CEREBRAL CORTEX	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 11-4 , 1951, to 11-10 , 1951, that I last saw the deceased alive on 11-10 , 1951, and that death occurred at 630 P.M. , from the causes and on the date stated above.		
23A. SIGNATURE Edw. M. Lance	23B. ADDRESS JOHNS HOPKINS HOSPITAL	23C. DATE SIGNED 11-10-51
24A. BURIAL, CREMATION, REMOVAL (Specify) removal	24B. DATE Nov. 12, 1951	24C. NAME OF CEMETERY OR CREMATORY Easton Cemetery
24D. LOCATION (City, town, or county) Easton, Pennsylvania		

DATE RECEIVED BY LOCAL REGISTRAR NOV 12 1951	REGISTRAR'S SIGNATURE Wm. J. Dickner & Sons Baltimore Md.	25. FUNERAL DIRECTOR ADDRESS 5628K
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516
51 9702

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 9702

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <u>Frederick W. Von Behren, Jr.</u>		2. DATE OF DEATH <u>11/9/51</u>	
3. PLACE OF DEATH: a. <u>Baltimore City, Maryland</u> ✓		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY <u>Baltimore</u>			
b. FULL NAME OF HOSPITAL OR INSTITUTION <u>South Baltimore General Hosp.</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u>			
c. Length of stay in Baltimore <u>Life</u>		d. STREET ADDRESS (If rural, give location) <u>1726 Patapsco St.</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>10/26, 1896</u>	9. AGE (In years last birthday) <u>55</u>	If Under 1 Year Months: Days: Hours: Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Grocer - Retail</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Business</u>		11. BIRTHPLACE (State or foreign country) <u>Baltimore, Md.</u>	
13. FATHER'S NAME <u>Fred Von Behren</u>		14. MOTHER'S MAIDEN NAME <u>Lizabeth Saalbach</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>yes World War I</u>		16. SOCIAL SECURITY NO. <u>212-32-2754</u>		17. INFORMANT <u>Olga T. Von Behren</u>	
18. <u>420.1</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <u>CORONARY OCCLUSION</u> <u>PULMONARY INFARCTION</u>		CAUSE OF DEATH (A) DUE TO (B) DUE TO (C) DUE TO <u>CORONARY ARTERIO-SCLEROSIS</u>		INTERVAL BETWEEN ONSET AND DEATH	
19. DATE OF OPERATION <u>0</u>		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>11-5</u> , 19 <u>51</u> , to <u>11-9</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>11-9</u> , 19 <u>51</u> , and that death occurred at <u>10:05 A</u> m., from the causes and on the date stated above.					
23a. SIGNATURE <u>D. C. P. Quinn</u>		23b. ADDRESS <u>1213 HIGHT ST</u>		23c. DATE SIGNED <u>11-9-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov 12, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>London Park</u>	
24d. LOCATION (City, town, or county) <u>Balto City Md</u>		24e. STATE <u>Md</u>		25. FUNERAL DIRECTOR <u>Mrs. John W. Seifel</u>	
DATE RECEIVED BY LOCAL REGISTRAR <u>NOV 12 1951</u>		REGISTRAR'S SIGNATURE <u>William H. Williams</u>		ADDRESS <u>5311 Edmondson Ave</u>	

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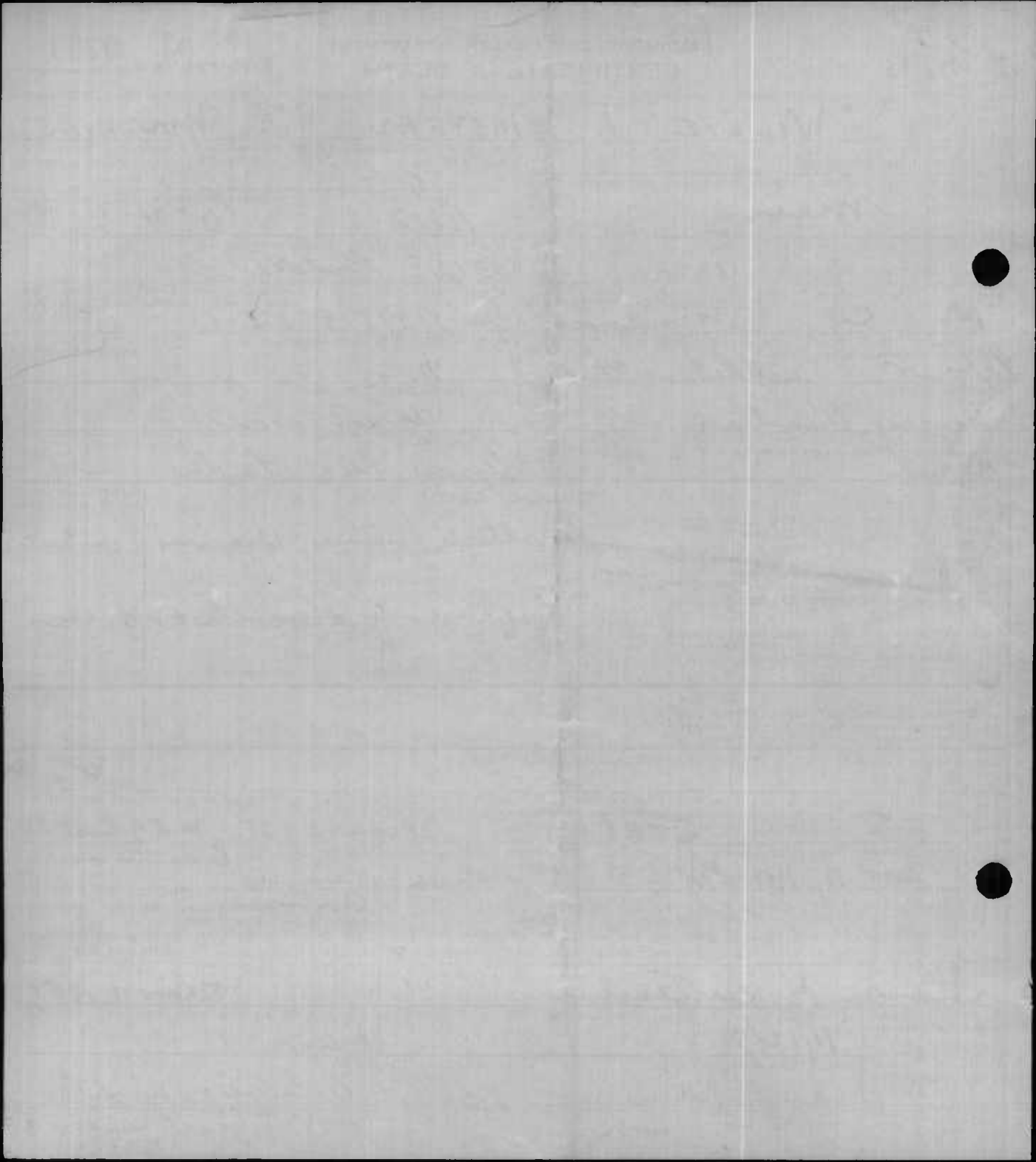
22

523
51 9703
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 9703
Registered No.

1. NAME OF DECEASED (Type or Print) WILLIE J. WINSTEAD		2. DATE OF DEATH Nov. 11, 1951	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution - residence before admission) A. STATE md B. COUNTY 8-07	
b. FULL NAME OF (If not in hospital or institution, give street address or location) Mercy		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Bald.	
c. Length of stay in Baltimore 13 yrs.		d. STREET ADDRESS (If rural, give location) 1512 E Biddle St	
5. SEX M	6. COLOR OR RACE C	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH July 13, 1899
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labour		10b. KIND OF BUSINESS OR INDUSTRY Bethlehem Steel Co	9. AGE (In years last birthday) 52
13. FATHER'S NAME Henry Winstead		11. BIRTHPLACE (State or foreign country) N. C.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		12. CITIZEN OF WHAT COUNTRY? N. C.	
16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Aunie Mae Clayton	

18. E812.4 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Multiple fractures, abrasions & contusions		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Rupture of stomach & spleen		
!! OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) STREET		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) ORLEANS ST. West of East St.	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY Nov 11, 1951 12:30 AM		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? stuck by car - auto Pedestrian 512	
22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE Stanley H. Dineen		23B. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR M.D.		23C. DATE SIGNED Nov 11, 1951	
24A. BURIAL, CREMATION, REMOVAL (Specify) Removal		24B. DATE 11/12/51		24C. NAME OF CEMETERY OR CREMATORY Porters N. C.	
24D. LOCATION (City, town, or county) (State) N. C.		DATE RECEIVED BY LOCAL REGISTRAR NOV 12 1951		REGISTRAR'S SIGNATURE William H. Williams	
25. FUNERAL DIRECTOR Mrs. Beth G. Elliott & Daughter		ADDRESS 1129 N. Caroline St 170C			



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51 9704

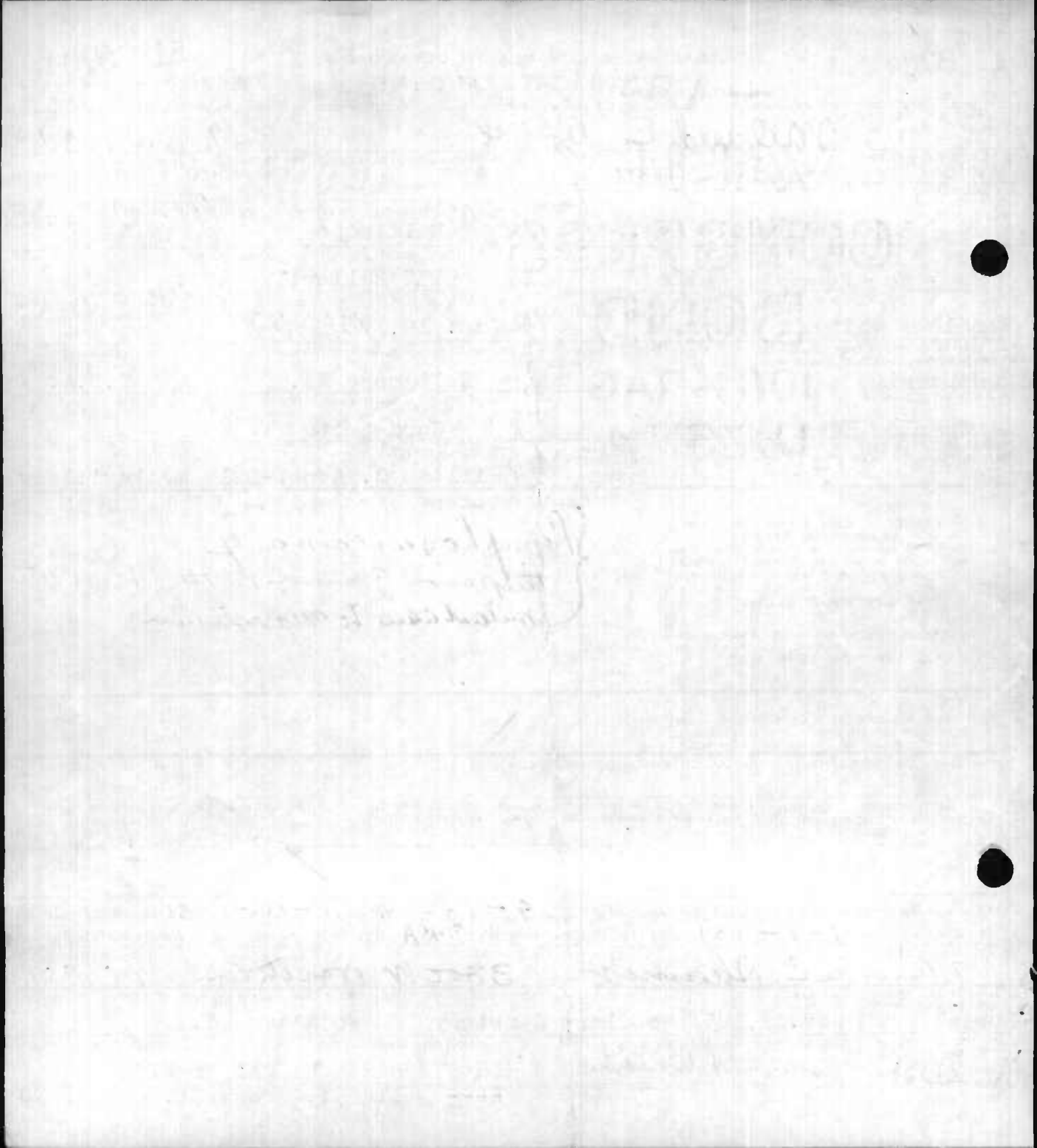
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 9704
Registered No.

1. NAME OF DECEASED (Type or Print) Mildred E Appel			2. DATE OF DEATH Nov. 10, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) 5210 Belleville Ave.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
C. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 5210 Belleville Ave.		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 19, 1901	9. AGE (In years last birthday) 50	If Under 1 Year Months: Days Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10B. KIND OF BUSINESS OR INDUSTRY		
13. FATHER'S NAME Charles Robert Anderson			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No			16. SOCIAL SECURITY NO. none		
17. INFORMANT William C. Appel-5210 Belleville Ave			ADDRESS		

18. 194X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Lymphosarcoma of thyroid gland with metastases to mediastinum DUE TO (B) 18 months DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

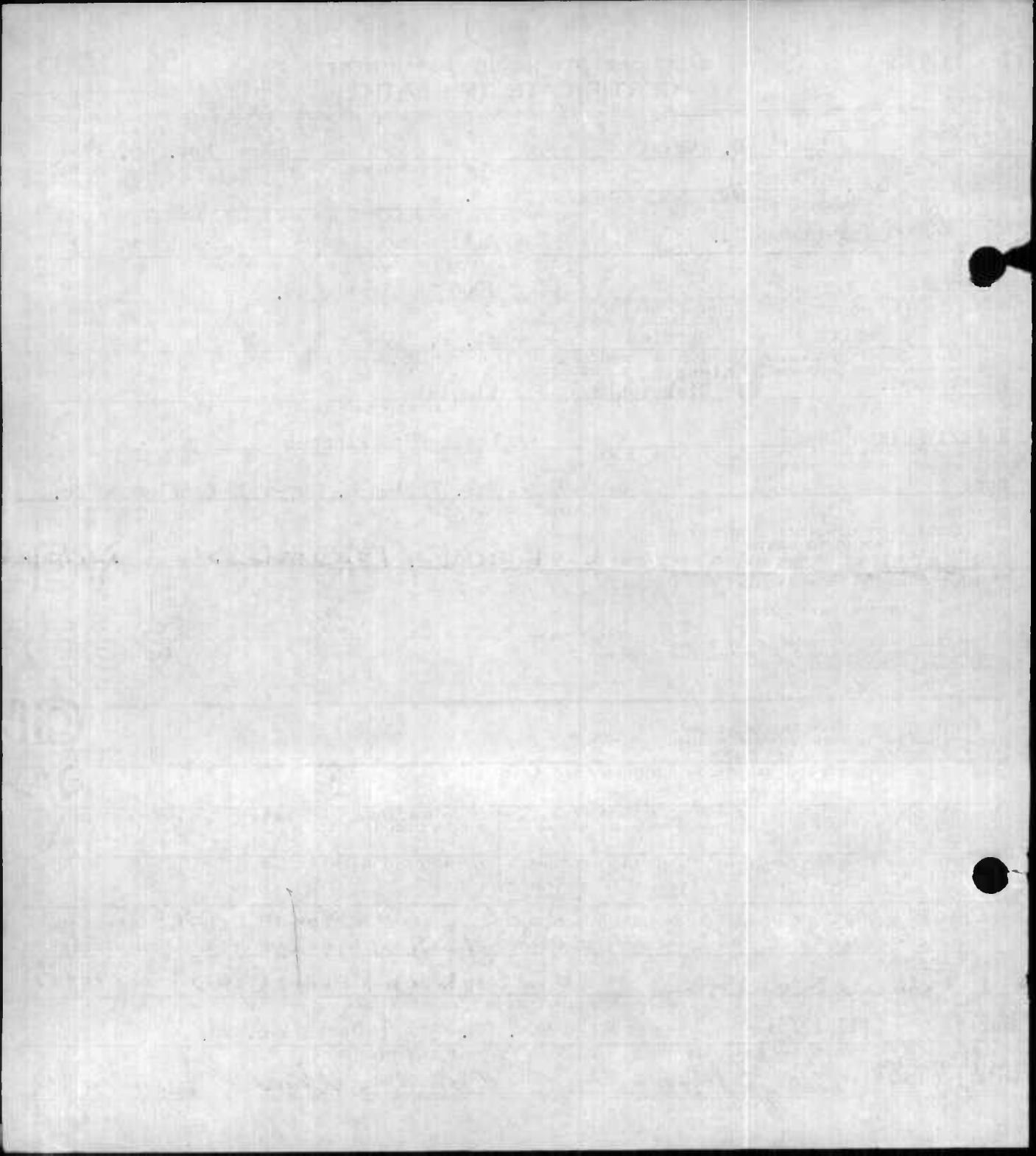
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 9-18-1950 , to 11-10-1951 , that I last saw the deceased alive on 11-9-1951 , and that death occurred at 7:45 A.M. , from the causes and on the date stated above.					
23A. SIGNATURE Maurice E. Phamer M.D.		23B. ADDRESS 3300 W. North Ave		23C. DATE SIGNED 11/10/1951	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Nov. 12, 1951	24C. NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery	24D. LOCATION (City, town, or county) (State) Woodlawn Md.		
DATE RECEIVED BY LOCAL REGISTRAR Nov 12 1951		REGISTRAR'S SIGNATURE William C. Appel		25. FUNERAL DIRECTOR SCHWEINSBERG FUNERAL SERVICE	
		ADDRESS 1126 W. Cross St. Balto.		30	



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51 9705BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 9705
Registered No.

BIRTH NO.		2. DATE OF DEATH Nov. 10, 1951	
1. NAME OF DECEASED (Type or Print) Louis O. Guy		2. DATE OF DEATH Nov. 10, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md.	
B. FULL NAME OF HOSPITAL OR INSTITUTION 1900 Ramblewood Rd.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
C. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 1900 Ramblewood Rd.	
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Oct. 2, 1904
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Plant Supt.		10B. KIND OF BUSINESS OR INDUSTRY Wholesale Oil Distributors	
11. BIRTHPLACE (State or foreign country) Virginia		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Robert Nelson Guy		14. MOTHER'S MAIDEN NAME Louise Hanewinkel	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) none		16. SOCIAL SECURITY NO. 216-03-9156	
17. INFORMANT Mrs. Thelma L. Guy-1900 Ramblewood Rd.		ADDRESS	
18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) CORONARY THROMBOSIS DUE TO - ACUTE! ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH 1 Hour	
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from JUNE 1950, to NOV. 10, 1951, that I last saw the deceased alive on OCT. 1951, and that death occurred at 1345 m., from the causes and on the date stated above.			
23A. SIGNATURE William Karpis		23B. ADDRESS M. O. 4230 HUGH RAVEN BLVD.	
23C. DATE SIGNED 11-14-51			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 11/12/51	
24C. NAME OF CEMETERY OR CREMATORY Moreland Mem. Pk.		24D. LOCATION (City, town, or county) (State) Parkville, Md.	
DATE RECEIVED BY LOCAL REGISTRAR NOV 12 1951		REGISTRAR'S SIGNATURE Wm. J. Pickens & Sons - Balto	
25. FUNERAL DIRECTOR'S ADDRESS 29066 94a Md.			

MEDICAL CERTIFICATION



523
51 9706

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 9706

Registered No.

1. NAME OF DECEASED (Type or Print)		M. Mr. Arthur/Kynast		2. DATE OF DEATH 11/10/51	
3. PLACE OF DEATH: A. Baltimore City, Maryland Yes		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore			
5. FULL NAME OF HOSPITAL OR INSTITUTION Bon Secours Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
6. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 701 Overbrook Road-4-Md 5300			
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 1/18/1903	9. AGE (In years last birthday) 48	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) salesman		10B. KIND OF BUSINESS OR INDUSTRY Real Estate		11. BIRTHPLACE (State or foreign country) Baltimore, Maryland	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME Henry Kynast		14. MOTHER'S MAIDEN NAME nachael winters	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. 213-10-5445		17. INFORMANT Mrs. Elizabeth Kynast-701 Overbrook Rd.	
18. 420.1		CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Myocardial infarction (A) DUE TO ANTECEDENT CAUSES (B) DUE TO (C) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from October 16, 1951, to November 10, 1951, that I last saw the deceased alive on October 9, 1951, and that death occurred at 2 a. m., from the causes and on the date stated above.					
23A. SIGNATURE Harris Elgarte		23B. ADDRESS M. D. Bon Secours Hospital		23C. DATE SIGNED 11-10-51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 11/13/51		24C. NAME OF CEMETERY OR CREMATORY Western Cem.	
24D. LOCATION (City, town, or county) Balto., Md.		24E. FUNERAL DIRECTOR L. M. J. Dickener & Sons -			
DATE RECEIVED BY LOCAL REGISTRAR NOV 12 1951		REGISTRAR'S SIGNATURE William Williams, M.D.		ADDRESS 47074 Balto Md 94a	

MEDICAL CERTIFICATION

100

MAY

1940

100

100

100

100

100

100

100

100

100

363
51 9707BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 9707

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

HARRIETT A. EDWARDS

2. DATE
OF
DEATH

Nov. 9, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

2426 Barclay St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

2426 Barclay St.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Dec. 18, 1858

9. AGE (In years
last birthday)

92

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

at Home

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Henry T. Scott

14. MOTHER'S MAIDEN NAME

Elizabeth Maston

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

no

17. INFORMANT

ADDRESS

Mr. Richard A. Edwards-2426 Barclay St.

18. 420.1 I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

1 day

15 yrs.

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 10, 1940, to Nov 9, 1951, that I last saw the
deceased alive on 11-9, 1951, and that death occurred at 2:00 pm, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

11/12/51

24C. NAME OF CEMETERY OR CREMATORY

Baltimore Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

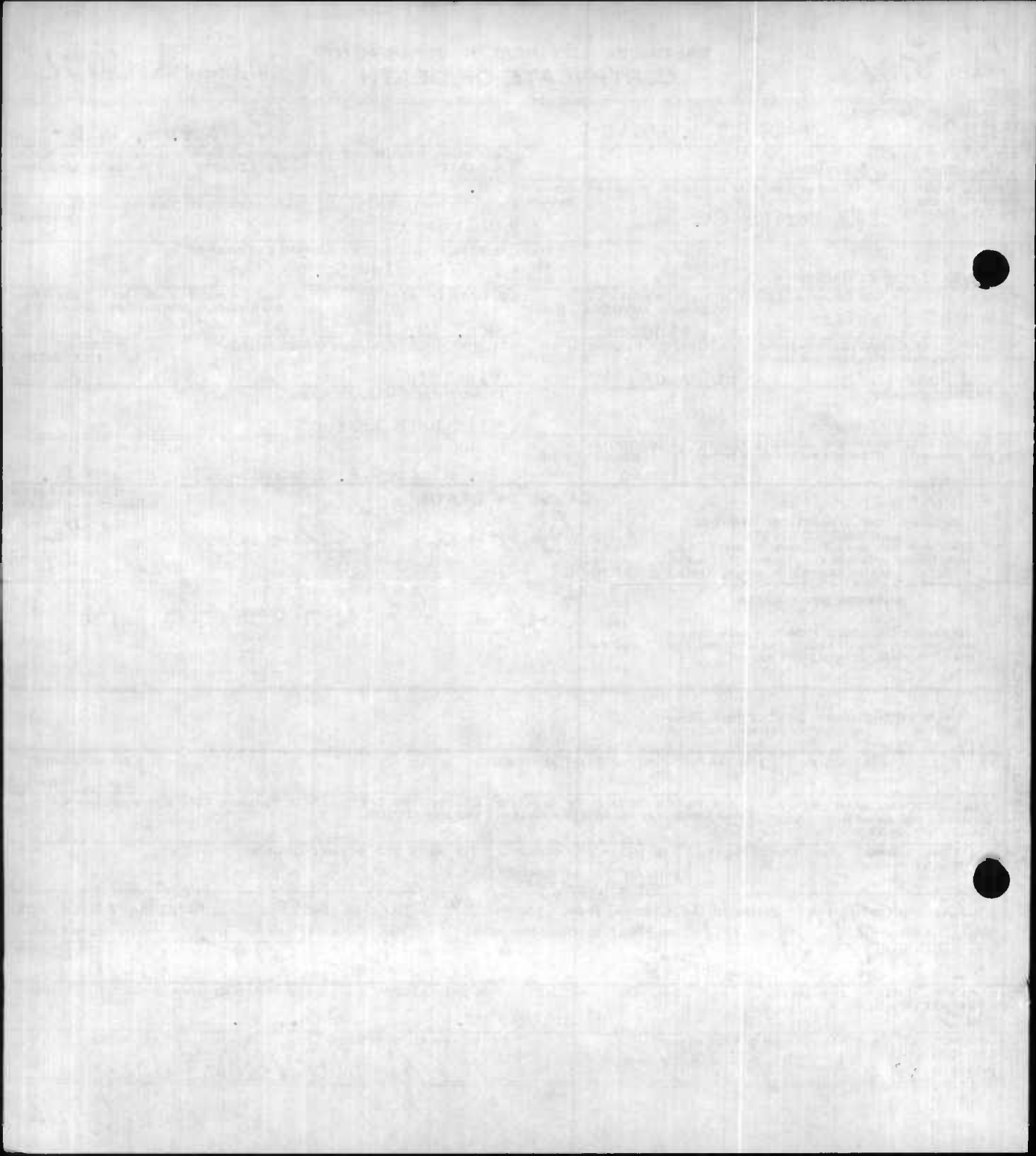
ADDRESS

NOV 12 1951

VS 150

Thos. T. Ticker & Son

937 Balto Md.



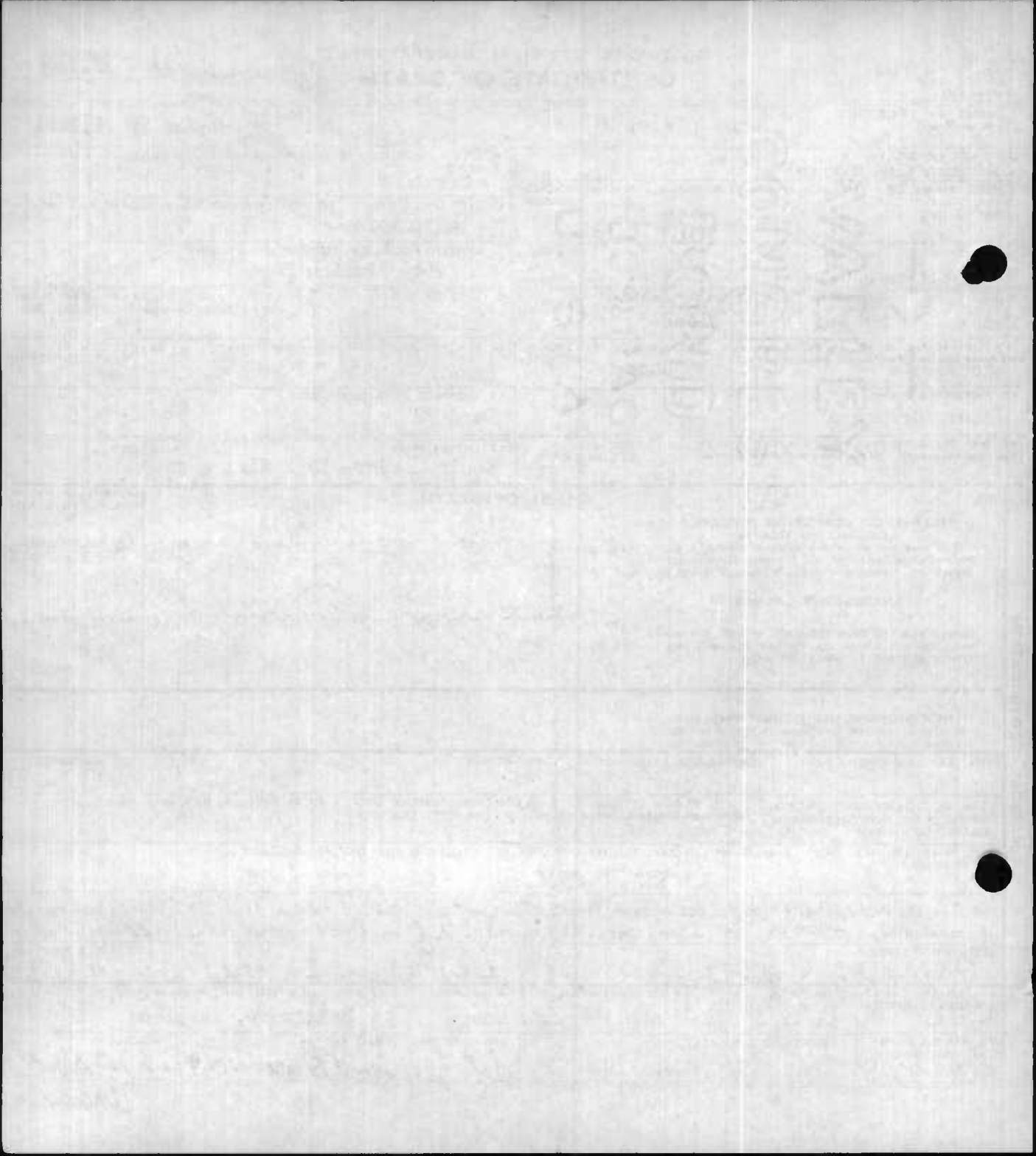
426
51 9708

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 9708

1. NAME OF DECEASED (Type or Print) Rosa Glaser		2. DATE OF DEATH November 11, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
5. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) 4613 Park Heights Avenue		6. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
7. STREET ADDRESS (If rural, give location) 4144 Pimlico Road		8. DATE OF BIRTH 1885	
9. AGE (in years last birthday) 66		10. CITIZEN OF WHAT COUNTRY? USA	
11. BIRTHPLACE (State or foreign country) Russia		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Louis Grossman		14. MOTHER'S MAIDEN NAME Dora ??	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT Louis Glaser- 5422 81st Avenue		18. ADDRESS	
19. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 331X Cerebro. vascular acc. DUE TO		20. INTERVAL BETWEEN ONSET AND DEATH 6 weeks	
21. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Anterior thrombosis DUE TO		22. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
23. DATE OF OPERATION 0		24. MAJOR FINDINGS OF OPERATION	
25. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
26. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		27. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
28. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
29. TIME (Month) (Day) (Year) (Hour) INJURY m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		30. HOW DID INJURY OCCUR?	
31. I hereby certify that I attended the deceased from Sept, 1951, to Nov. 11, 1951 that I last saw the deceased alive on Nov. 5, 1951 and that death occurred at 2 P. m., from the causes and on the date stated above.			
32. SIGNATURE Paul E. Carlin		33. ADDRESS 2213 Jones Rd	
34. DATE SIGNED Nov 12, 1951			
35. BURIAL, CREMATION, REMOVAL (Specify) Burial		36. DATE 11/12/51	
37. NAME OF CEMETERY OR CREMATORY Anshei Emunah Cong.		38. LOCATION (City, town, or county) (State) Baltimore, Maryland	
39. DATE RECEIVED BY LOCAL REGISTRAR NOV 12 1951		40. REGISTRAR'S SIGNATURE William H. Williams, M.D.	
41. FUNERAL DIRECTOR Sol. Levinson & Bros.		42. ADDRESS -1124-26 W. North Avenue	

83a



360
9709BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 9709
Registered No.

BIRTH NO.	
1. NAME OF DECEASED (Type or Print) John Wesley Starr	
2. DATE OF DEATH Nov. 9, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland 2021 E. Chase St.	
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)	
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 2021 E. Chase St.	
c. Length of stay in Baltimore Yrs. Mos. Days	
5. SEX Male	6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Feb. 8, 1882	
9. AGE (In years last birthday) 69	
10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Store Keeper	
11. BIRTHPLACE (State or foreign country) Baltimore, Md.	
12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Henry Starr	
14. MOTHER'S MAIDEN NAME Phillipina ?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No.	
16. SOCIAL SECURITY NO. None	
17. INFORMANT ADDRESS Mrs. Barbara Starr 2021 E. Chase St.	
18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH Hypertensive Cardiovascular Disease Coronary occlusion Serous Primary Pneumonia DUE TO (A) 1-12 (B) 1-12 (C) 1-12 INTERVAL BETWEEN ONSET AND DEATH	
19. DATE OF OPERATION 0	
19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Oct 29 , 19 51 to 11-9 , 19 51 , that I last saw the deceased alive on 11-8 , 19 51 , and that death occurred at 10 m., from the causes and on the date stated above.	
23A. SIGNATURE Fred. R. [Signature]	
23B. ADDRESS 500 [Address]	
23C. DATE SIGNED 11-11-51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24B. DATE Nov 15, 1951	
24C. NAME OF CEMETERY OR CREMATORY Parkwood	
24D. LOCATION (City, town, or county) (State) Parkville, Md.	
DATE RECEIVED BY LOCAL REGISTRAR NOV 12 1951	
REGISTRAR'S SIGNATURE [Signature]	
25. FUNERAL DIRECTOR ADDRESS Ullrich Funeral Home 2008 Orleans St.	

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. 51 9710

200
9710

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <p align="center">Emma Zwick</p>			2. DATE OF DEATH <p align="center">Nov. 8, 1951</p>		
3. PLACE OF DEATH: A. Baltimore City, Maryland 3529 E. Fayette St.			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <p align="center">Baltimore</p>		
C. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) <p align="center">3529 E. Fayette St.</p>		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH <p align="center">June 6, 1875</p>	9. AGE (In years last birthday) <p align="center">76</p>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <p align="center">Germany</p>
13. FATHER'S NAME			12. CITIZEN OF WHAT COUNTRY?		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No.			16. SOCIAL SECURITY NO. None		
17. INFORMANT			ADDRESS <p align="center">Charles C. Zwick 3529 E. Fayette St.</p>		

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH <p align="center">Cerebral Thrombosis</p>		INTERVAL BETWEEN ONSET AND DEATH
(A) DUE TO		
(B) DUE TO <p align="center">Arterio Sclerosis C. V. System</p>		
(C) DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Oct 19 1951 to Nov 8 1951 , that I last saw the deceased alive on Nov 8 1951 , and that death occurred at 9:45 P.M. , from the causes and on the date stated above.					
23A. SIGNATURE <p align="center"><i>J. H. Goodman</i></p>		23B. ADDRESS M. D. 3400 S. Baltimore St.		23C. DATE SIGNED 11/10/51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Nov 12, 1951		24C. NAME OF CEMETERY OR CREMATORY Oak Lawn	
24D. LOCATION (City, town, or county) (State) Colgate, Md.		25. FUNERAL DIRECTOR ADDRESS <p align="center">Ullrich Funeral Home -2008 Orleans St.</p>			

DATE RECEIVED BY LOCAL REGISTRAR
OV 1 21951

931

WALLEY
CONGRESS
BOND
THIRTY
U.S.A.

634
51 9711
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 9711

1. NAME OF DECEASED (Type or Print) BEATRICE A. EARDLEY		2. DATE OF DEATH Nov. 9, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland 740 N. Kenwood Ave.		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
C. Length of stay in Baltimore life		D. STREET ADDRESS (If rural, give location) 740 N. Kenwood Ave.	
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH Oct. 30, 1884
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10B. KIND OF BUSINESS OR INDUSTRY at home	9. AGE (In years last birthday) 67
11. BIRTHPLACE (State or foreign country) Baltimore, Md.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Solomon Eardley		14. MOTHER'S MAIDEN NAME Louise Henderson	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. no	17. INFORMANT ADDRESS Lillian M. King, neice, 322 Elrino St.
18. 153X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) extensive carcinoma, carcinoma of sigmoid. CAUSE OF DEATH DUE TO DUE TO DUE TO INTERVAL BETWEEN ONSET AND DEATH 3 months 3 yrs. 1			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. HOW DID INJURY OCCUR?	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Nov. 1, 1947 , to Nov. 9, 1947 , that I last saw the deceased alive on Nov. 9, 1947 , and that death occurred at 11:00 p.m. , from the causes and on the date stated above.			
23A. SIGNATURE L. E. D. D. D.		23B. ADDRESS 447 N. Kenwood Ave.	
23C. DATE SIGNED 11/12/47			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Nov. 13, 1951	
24C. NAME OF CEMETERY OR CREMATORY Baltimore Cemetery		24D. LOCATION (City, town, or county) (State) North Ave. & Rose St. Balto. Md.	
DATE RECEIVED BY LOCAL REGISTRAR NOV 12 1951		REGISTRAR'S SIGNATURE Wm. H. Williams, Jr.	
25. FUNERAL DIRECTOR Schimunek Funeral Home, Inc.		ADDRESS 2601-3-5 E. Madison St.	

W. S. W.
OWNERS
BOND
CONCRETE
VALLEY

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. 51 9712

513
ND-153803
51 9712
BIRTH NO.

1. NAME OF DECEASED (Type or Print) John W. Lambdin			2. DATE OF DEATH Nov. 10, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or hospital or institution location) Baltimore City Hospitals 4940 Eastern Avenue			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
C. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 429 N. Kenwood Ave.		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH May 31, 1883	9. AGE (In years last birthday) 68	H Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist - retired		10B. KIND OF BUSINESS OR INDUSTRY Church Home Hosp.	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Chas. E. Lambdin			14. MOTHER'S MAIDEN NAME Florence G. Rutter		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. no	17. INFORMANT Baltimore City Hospitals Records: 4940 Eastern Avenue		

18. 42211 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic Cardio-vascular Disease with Congestive Failure DUE TO		INTERVAL BETWEEN ONSET AND DEATH Over 1 Mo.
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) _____ DUE TO (C) _____		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

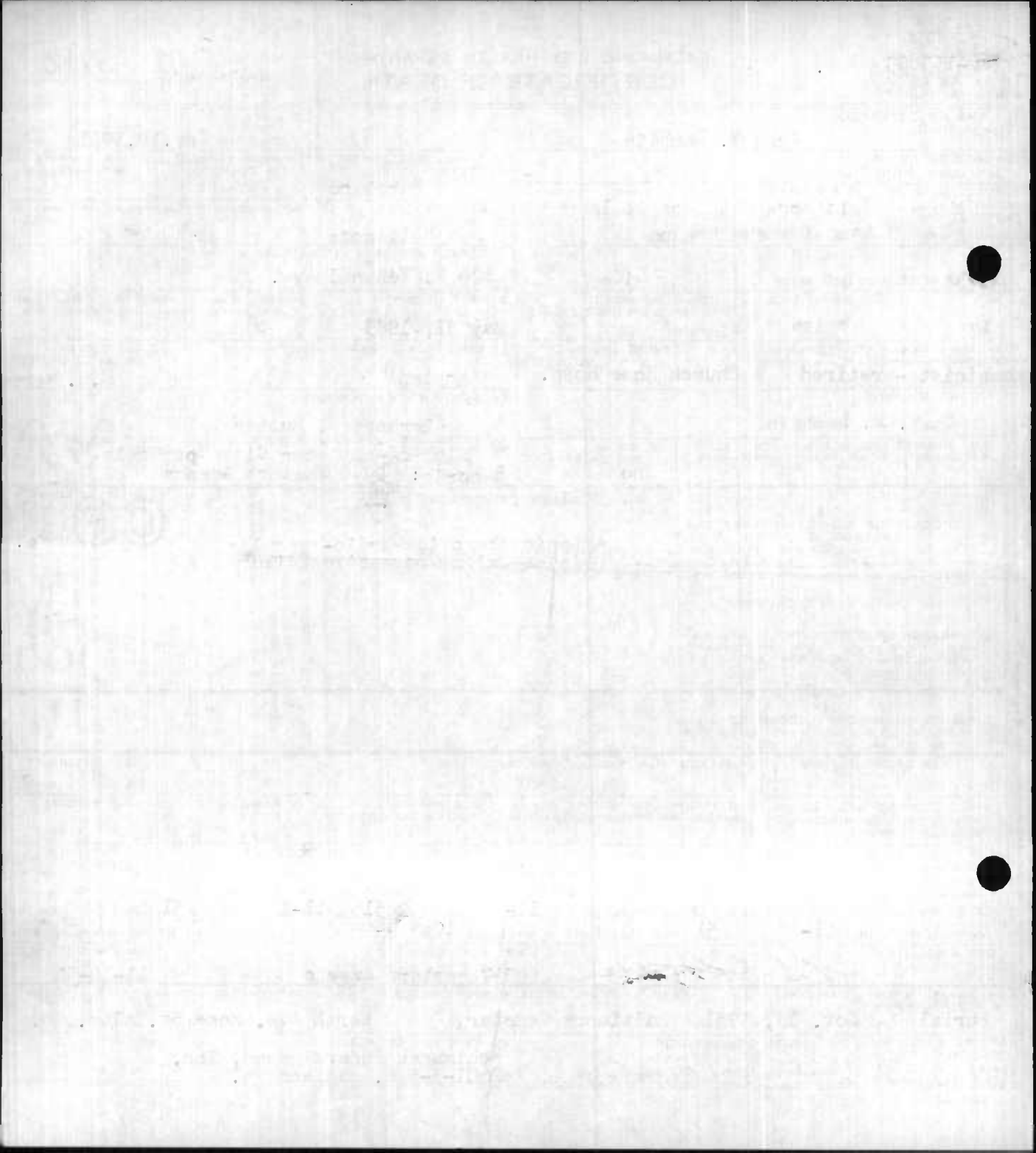
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **11-9**, 19 **51** to **11-10**, 19 **51**, that I last saw the deceased alive on **11-10**, 19 **51**, and that death occurred at **10a** m., from the causes and on the date stated above.

23A. SIGNATURE [Signature] M. D.	23B. ADDRESS 4940 Eastern Avenue	23C. DATE SIGNED 11-10-51
--	--	-------------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Nov. 13, 1951	24C. NAME OF CEMETERY OR CREMATORY Baltimore Cemetery	24D. LOCATION (City, town, or county) (State) North Ave. & Rose St. Balto. Md.
DATE RECEIVED BY LOCAL REGISTRAR NOV 12 1951		REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR ADDRESS Schimunek Funeral Home, Inc. 2601-3-5 E. Madison St.

MEDICAL CERTIFICATION



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **51 9713**

BIRTH NO. 635 1 9713		1. NAME OF DECEASED (Type or Print) Mrs. Florence Jeannette HARTAN		2. DATE OF DEATH Nov. 9, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY			
5. FULL NAME OF HOSPITAL OR INSTITUTION St. Josephs Hospital		C. CITY OR TOWN Baltimore (If outside corporate limits, write RURAL and give township)			
6. Length of stay in Baltimore life		D. STREET ADDRESS (If rural, give location) 2620 E. Monument St. #5			
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH June 26, 1875		9. AGE (In years, last birthday) 76 yrs.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) H wife		10B. KIND OF BUSINESS OR INDUSTRY at home		11. BIRTHPLACE (State or foreign country) Balto. Md.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME unknown		14. MOTHER'S MAIDEN NAME unknown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Cleota J. Wilson, 730 Ramsey St. Balto. Md.	

18. 153X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Carcinoma - Colon - Spleen flexure		INTERVAL BETWEEN ONSET AND DEATH
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Generalized arteriosclerosis		
20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19A. DATE OF OPERATION 10/17/51	19B. MAJOR FINDINGS OF OPERATION Carcinoma, colon	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **August 21, 1951**, to **November 9, 1951** that I last saw the deceased alive on **Nov. 8, 1951** and that death occurred at **1:10 a.m.**, from the causes and on the date stated above.

23A. SIGNATURE <i>P. Andrew Delece</i>		23B. ADDRESS St. Josephs Hospital		23C. DATE SIGNED 11-9-51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 11/12/51	24C. NAME OF CEMETERY OR CREMATORY Loudon Park Cem.	24D. LOCATION (City, town, or county) (State) 3801 Fred'k. Ave., Balto. Md.		
DATE RECEIVED BY LOCAL REGISTRAR NOV 12 1951		REGISTRAR'S SIGNATURE <i>W. Williams</i>		25. FUNERAL DIRECTOR ADDRESS Schimunek Funeral Home, Inc. 2601-3-5 E. Madison St.	

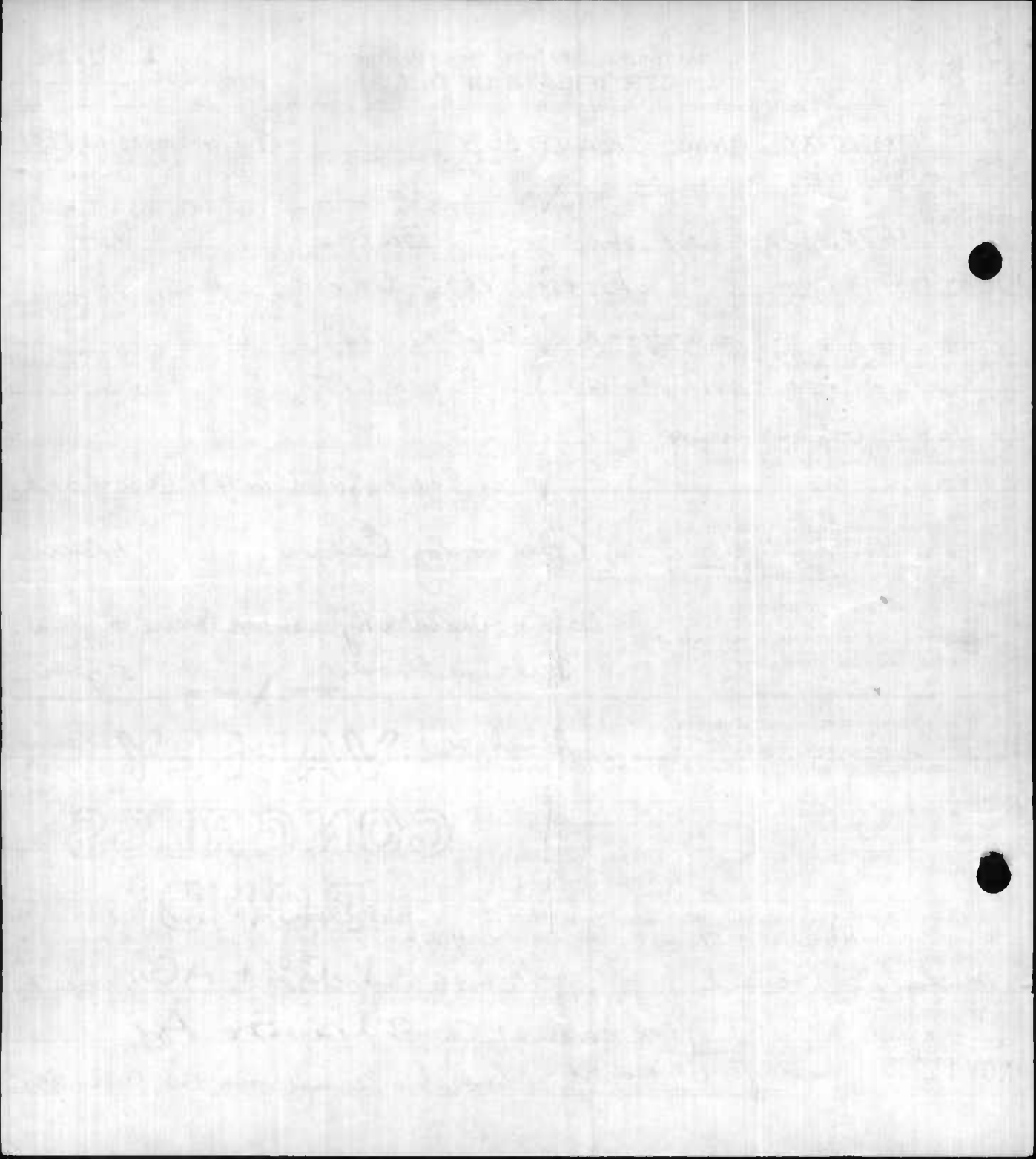
May 9, 1951

11-51

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

51 9714
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) MRS. MARY ANNE KNUDSEN		2. DATE OF DEATH November 12, 1951	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MD b. COUNTY Balto.			
b. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE 1675. Daxley Ave		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto. 8-05			
c. Length of stay in Baltimore Life		d. STREET ADDRESS (If rural, give location) 1675. Daxley Ave			
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married.	8. DATE OF BIRTH Oct 17 - 1987		9. AGE (in years last birthday) 64
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY own Home		12. CITIZEN OF WHAT COUNTRY? U S A.	
13. FATHER'S NAME John Grossman		14. MOTHER'S MAIDEN NAME			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. - -		17. INFORMANT ADDRESS Mr Edwin Knudsen 1675 Daxley Ave	
18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		CAUSE OF DEATH (A) Pulmonary Edema DUE TO (B) Cardio - Vascular Hypertensive Disease DUE TO (C) Arteriosclerosis		INTERVAL BETWEEN ONSET AND DEATH 1 hour. 5 years 5 years	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Diabetes		25 years			
19a. DATE OF OPERATION 0		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21b. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21c. HOW DID INJURY OCCUR?	
21d. TIME (Month) (Day) (Year) (Hour) INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from June , 1948, to Nov, 12 , 1951, that I last saw the deceased alive on Nov, 12 , 1951, and that death occurred at 4:25 A.M. , from the causes and on the date stated above.					
23a. SIGNATURE Michael J. Dausch		23b. ADDRESS M. D. 4636 Belair Road		23c. DATE SIGNED 11/12/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11/15/51		24c. NAME OF CEMETERY OR CREMATORY Immanuel Cemetery Balto. Md	
24d. LOCATION (City, town, or county) (State)		24e. DATE RECEIVED BY LOCAL REGISTRAR NOV 12 1951		24f. REGISTRAR'S SIGNATURE William H. Williams, M.D.	
24g. FUNERAL DIRECTOR ADDRESS Lazarus Funeral Home 7401 Belair Rd		24h. FUNERAL DIRECTOR Lazarus Funeral Home 7401 Belair Rd			



352
9715BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 9715

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>William Katenkamp</i>		2. DATE OF DEATH <i>14-10-51</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md</i> B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE <i>Union Memorial Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 9-03</i>	
C. Length of stay in Baltimore <i>85 P</i> (Yrs. Mos. Days)		D. STREET ADDRESS (If rural, give location) <i>3703 Ednor Rd</i>	
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>W</i>	8. DATE OF BIRTH <i>Jan 12, 1866</i>
9. AGE (In years last birthday) <i>85</i>		10. Under 1 Year Months: Days Under 24 Hours Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired</i>		10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <i>Md</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
13. FATHER'S NAME <i>Francis Katenkamp</i>		14. MOTHER'S MAIDEN NAME <i>Mary Hoffman</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>unknown</i> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT ADDRESS <i>Chester Katenkamp, 3703 Ednor Rd.</i>			
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>4200</i> CAUSE OF DEATH (A) <i>arteriosclerotic heart disease</i> DUE TO (B) <i>nephrosclerosis, bilateral</i> DUE TO (C) <i>gen. arteriosclerosis</i> INTERVAL BETWEEN ONSET AND DEATH <i>? years</i> <i>? years</i> <i>? years</i>			
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>Benign prostatic hypertrophy</i>			
19A. DATE OF OPERATION <i>2</i>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>Oct 26</i> , 1951, to <i>Nov 10</i> , 1951, that I last saw the deceased alive on <i>Nov 10</i> , 1951, and that death occurred at <i>11:45</i> a.m., from the causes and on the date stated above.			
23A. SIGNATURE <i>Alfred S. Nelson</i> M. D.		23B. ADDRESS <i>Union Memorial Hospital, Baltimore, Md</i>	
23C. DATE SIGNED <i>Nov 10, 1951</i>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Nov. 13/51</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>Union Chapel Cemetery</i>		24D. LOCATION (City, town, or county) (State) <i>Bel Air, Md.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>NOV 12 1951</i>		REGISTRAR'S SIGNATURE <i>Harry F. Wright</i>	
25. FUNERAL DIRECTOR ADDRESS <i>101 Edmondson Ave</i>			

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

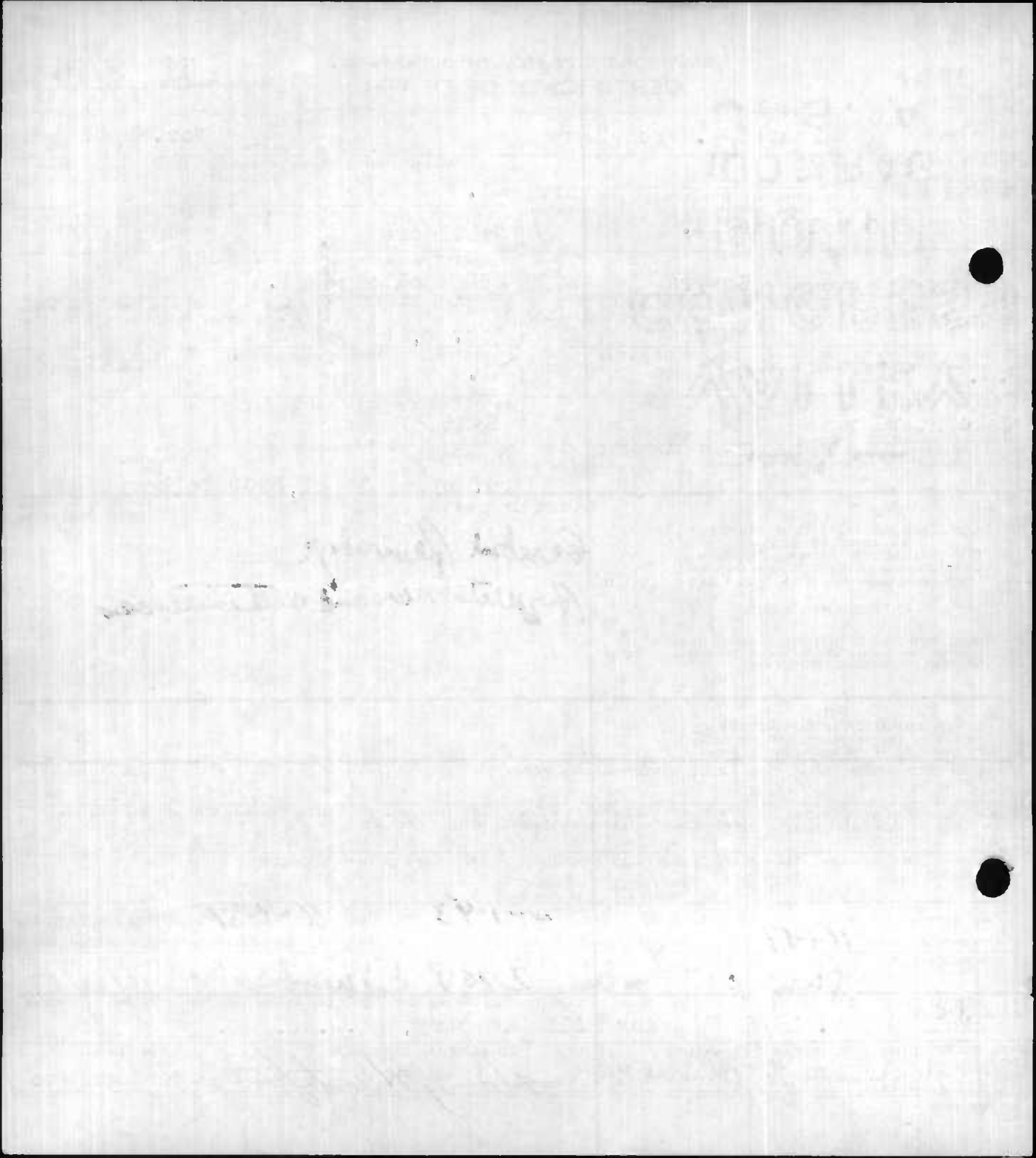
Registered No. **51 9716**

632
1 9716
BIRTH NO.

1. NAME OF DECEASED (Type or Print) Margaret E. Bredekamp		2. DATE OF DEATH Nov. 9/51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION 3800 Colborne Rd.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 16-08	
C. Length of stay in Baltimore 65 yrs		D. STREET ADDRESS (If rural, give location) 3800 Colborne Rd.	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Oct. 4, 1876
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) H.W.		10B. KIND OF BUSINESS OR INDUSTRY Own Home	9. AGE (In years last birthday) 75
13. FATHER'S NAME Jake Mehrling		14. MOTHER'S MAIDEN NAME Lydia Jordon	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
		17. INFORMANT Mrs. Helen Albert	
		ADDRESS 3800 Colborne Rd	

18. 331X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Cerebral Hemorrhage Hypertension and arteriosclerosis		INTERVAL BETWEEN ONSET AND DEATH
CAUSE OF DEATH (A) DUE TO		
(B) DUE TO		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 4-7-43 , 19___ to 11-9-51 , 19___, that I last saw the deceased alive on 11-1-51 , 19___, and that death occurred at ___ m., from the causes and on the date stated above.					
23A. SIGNATURE Harry S. Smith		23B. ADDRESS 2703 Edmondson Ave		23C. DATE SIGNED 11/10/51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Nov. 12/51		24C. NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery,	
				24D. LOCATION (City, town, or county) (State) A.A.CO. MD.	
DATE RECEIVED BY LOCAL REGISTRAR NOV 12 1951		REGISTRAR'S SIGNATURE For Williams, M		25. FUNERAL DIRECTOR Harry S. Smith	
				ADDRESS 2701 Edmondson Ave	



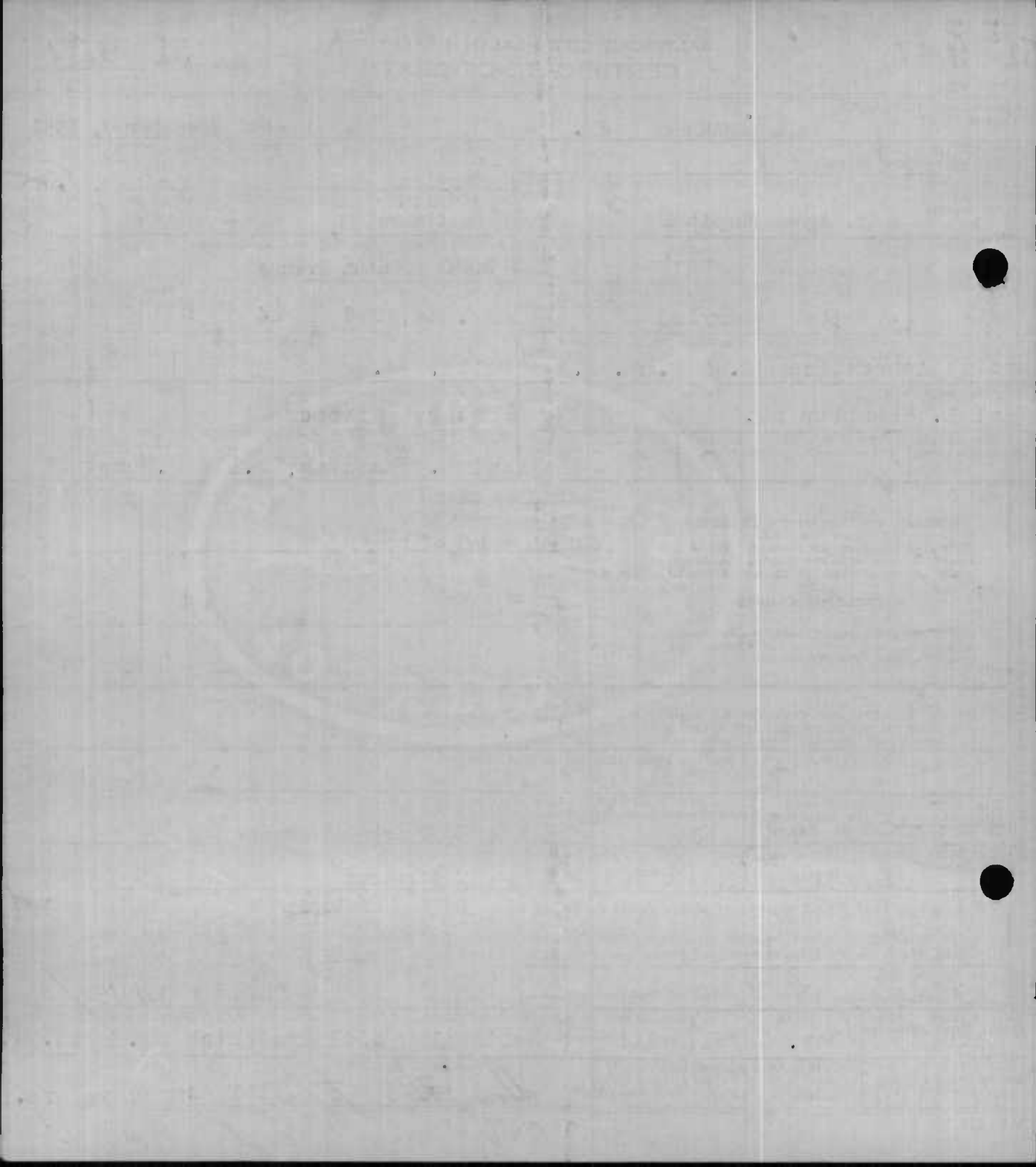
530
51 9717BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 9717

BIRTH NO.			1. NAME OF DECEASED (Type or Print) PAUL L. SHANAHAN Jr.			2. DATE OF DEATH November 9, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY Arbutus Baltimore			5. AGE (in years last birthday) 24		
B. FULL NAME OF HOSPITAL OR INSTITUTION St. Agnes Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			D. STREET ADDRESS (If rural, give location) 5030 Arbutus Avenue		
C. Length of stay in Baltimore Life			Yrs. Life Mos. Life Days Life			8. DATE OF BIRTH Aug. 24, 1927		
5. SEX Male			6. COLOR OR RACE White			7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Special Apprentice			10B. KIND OF BUSINESS OR INDUSTRY B. & O. R. R.			11. BIRTHPLACE (State or foreign country) Balto. Md.		
13. FATHER'S NAME Paul L. Shanahan Sr.			14. MOTHER'S MAIDEN NAME Barbara Stromer			12. CITIZEN OF WHAT COUNTRY?		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No			16. SOCIAL SECURITY NO.			17. INFORMANT ADDRESS Paul L. Shanahan, Sr. 114 S. Mount St		

18. E976X1			CAUSE OF DEATH			INTERVAL BETWEEN ONSET AND DEATH		
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Bullet wound of head			(A) Bullet wound of head					
DUE TO								
ANTECEDENT CAUSES			(B)					
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			DUE TO					
(C)								
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.								
19A. DATE OF OPERATION			19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.			21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) home			21C. WHERE DID INJURY OCCUR? 5030 Arbutus Avenue		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 11/8/51 8:45 P. m.			21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>			21F. HOW DID INJURY OCCUR? Firearms		
22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input type="checkbox"/> , suicide <input checked="" type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .			23A. SIGNATURE Stanley H. Deneche			23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		
23C. DATE SIGNED 11/9/51			23D. NAME OF CEMETERY OR CREMATORY Baltimore National			23E. LOCATION (City, town, or county) (State) Balto. Md.		

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial			24B. DATE Nov. 13/51			24C. NAME OF CEMETERY OR CREMATORY Baltimore National			24D. LOCATION (City, town, or county) (State) 5501 Frederick Rd. Balto. Md.		
DATE RECEIVED BY LOCAL REGISTRAR NOV 12 1951			REGISTRAR'S SIGNATURE William H. Williams, M.D.			FUNERAL DIRECTOR Harry H. Ditzke			ADDRESS 4101 - dmondson Ave.		
VS 151			N - 853.4			615 50			164c ✓		



352
51 9718BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 9718
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>May M. Seidenstricker</i>		2. DATE OF DEATH <i>11/10/51</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>7 S. Potomac St</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>1-02</i>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>7 S. Potomac</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>			
C. Length of stay in Baltimore <i>Life</i>		D. STREET ADDRESS (If rural, give location) <i>7 S. Potomac St</i>			
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>Apr 12, 1874</i>	9. AGE (In years, last birthday) <i>77</i>	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during last of working life, even if retired) <i>Deafened</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Housewife</i>		11. BIRTHPLACE (State or foreign country) <i>Baltimore, Md.</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>		13. FATHER'S NAME <i>John Coniff</i>			
14. MOTHER'S MAIDEN NAME <i>Margaret Hayes</i>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>			
16. SOCIAL SECURITY NO. <i>None</i>		17. INFORMANT ADDRESS <i>Mrs. Maude M. Underhill 7 S. Potomac St</i>			
18. <i>420.0</i> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(A) <i>Arteriosclerotic heart disease</i> DUE TO (B) <i>Arteriosclerotic cardiovascular disease</i> DUE TO (C) <i>Generalized arteriosclerosis</i>			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Nov 1</i> , 19 <i>51</i> , to <i>Nov 10</i> , 19 <i>51</i> , that I last saw the deceased alive on <i>Nov 10</i> , 19 <i>51</i> , and that death occurred at <i>10:20 p.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>John J. Goud</i>		23B. ADDRESS <i>1422 Eastport - 24</i>		23C. DATE SIGNED <i>11-12-51</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>burial</i>		24B. DATE <i>11/14/51</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Baltimore Cemetery</i>	
24D. LOCATION (City, town, or county) (State) <i>East North Ave</i>		DATE RECEIVED BY LOCAL REGISTRAR <i>NOV 12 1951</i>			
REGISTRAR'S SIGNATURE <i>Wm. H. Williams, M.D.</i>		25. FUNERAL DIRECTOR <i>John J. Goud</i>		ADDRESS <i>1001 Hollins St</i>	

STATE OF NEW YORK
OFFICE OF THE ATTORNEY GENERAL
DIVISION OF GENERAL SERVICES

TO THE HONORABLE THE COMPTROLLER OF THE STATE
ALBANY, NEW YORK

SIR:

I have the honor to acknowledge the receipt of your letter of the 10th inst. in relation to the above captioned matter.

Very respectfully,
J. B. [Signature]

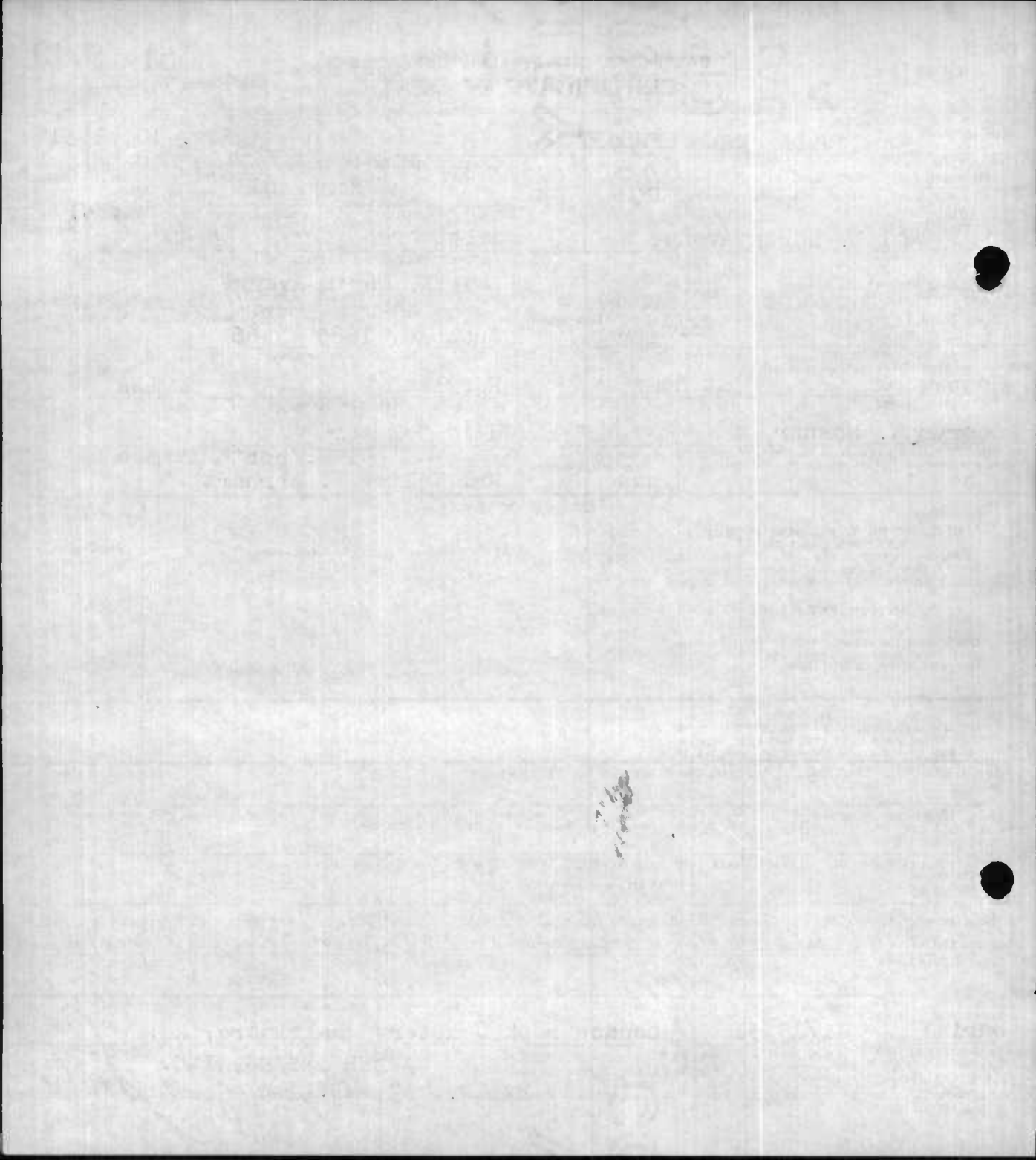
663
51 9719

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 9719
Registered No.

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
JULIA MAE EHRHART		Nov. 10, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION 401 E. North Avenue		C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Baltimore 12-05	
C. Length of stay in Baltimore Life Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 401 E. North Avenue	
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 10, 1885
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10B. KIND OF BUSINESS OR INDUSTRY at home	9. AGE (in years last birthday) 66
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME George W. Mosner		14. MOTHER'S MAIDEN NAME Julia Galster	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	
17. INFORMANT 401 E. North Avenue Mr. Walter F. Ehrhart			
18. 174X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO (A) Pulmonary Tuberculosis ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (B) Phlebitis - (C) Carcinoma Uterus : metastasis II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH Sudden 3 weeks. 7	
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 4/23, 1947, to 11/10, 1951, that I last saw the deceased alive on 11/3, 1951, and that death occurred at 7:40 m., from the causes and on the date stated above.			
23A. SIGNATURE Joseph S. Blume		23B. ADDRESS 1115 N. Calver St. M. D.	
23C. DATE SIGNED 11/10/51			
24A. BURIAL, CREMATION, REMOVAL (Specify) burial		24B. DATE 11/13/51	
24C. NAME OF CEMETERY OR CREMATORY Loudon Park Cemetery		24D. LOCATION (City, town, or county) (State) Baltimore, Md.	
DATE RECEIVED BY LOCAL REGISTRAR NOV 12 1951		REGISTRAR'S SIGNATURE [Signature]	
25. FUNERAL DIRECTOR HENRY SANDER & SONS, INC. BALTO., 13, MD.		ADDRESS [Signature] 48 B	

MEDICAL CERTIFICATION



526

1 9720

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 9720

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

T. PAUL TANKERSLEY

2. DATE
OF
DEATH

Nov. 8, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

1205 Roundhill Road

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1205 Roundhill Road

E. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

July 15, 1891

9. AGE (In years last birthday)

60

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Gen. sales manager

10B. KIND OF BUSINESS OR INDUSTRY

Shoe Corp.

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Capt. Thomas H. Tankersley

14. MOTHER'S MAIDEN NAME

Fannie Barnett

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

216-09-6398

17. INFORMANT

Mrs. Hazel E. Tankersley

18. 331X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Cerebral hemorrhage

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Hypertension

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

1 year

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 27, 1946, to Nov. 8, 1947; that I last saw the deceased alive on Nov. 8, 1947, and that death occurred at 7:45 p. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMATION, REMOVAL (Specify)

burial

24B. DATE

11/12/51

24C. NAME OF CEMETERY OR CREMATORY

Oak Lawn Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

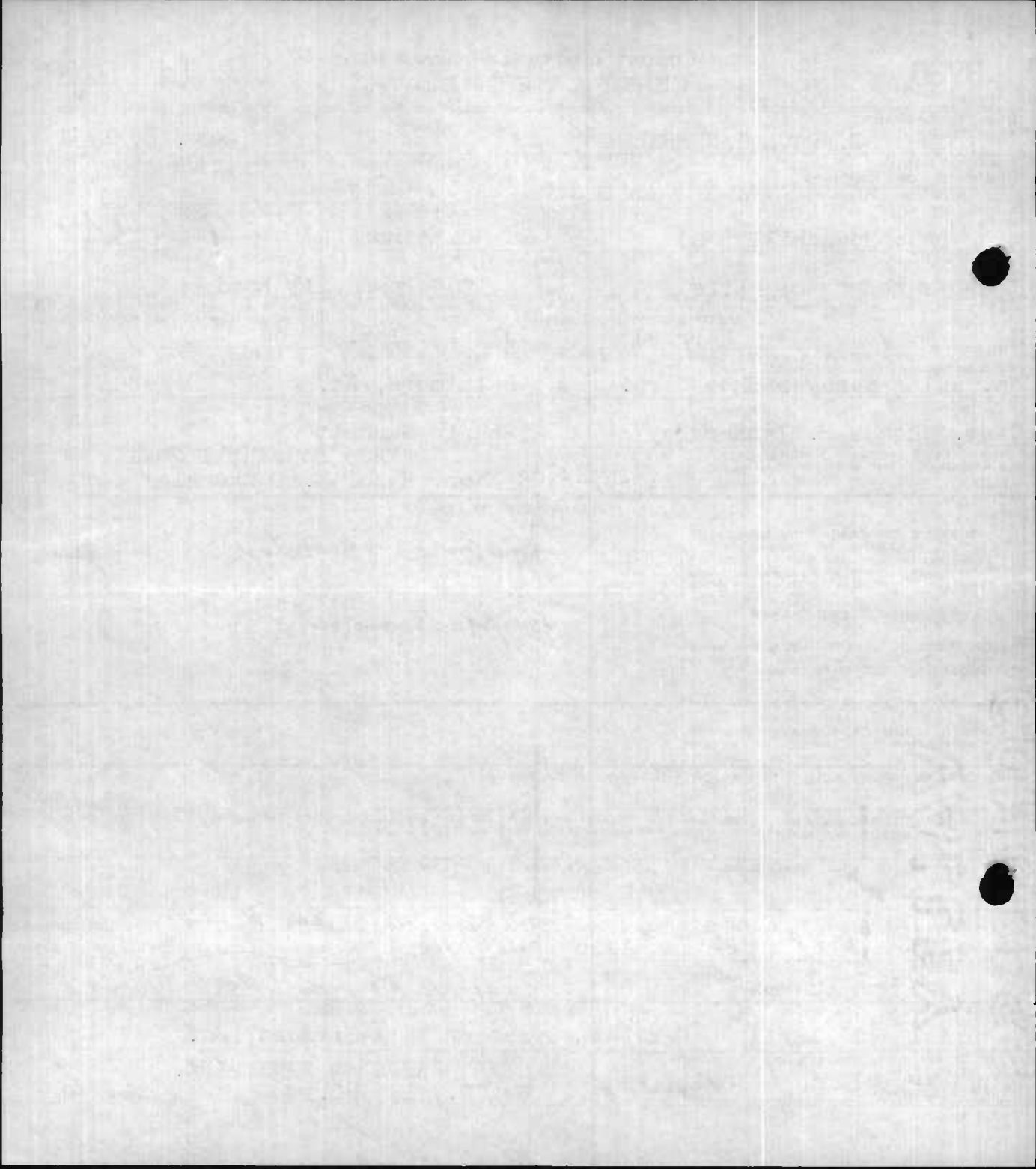
NOV 12 1951

HENRY SANDER & SONS, INC.
BALTO., 13, MD.

VS 150

2004W

83a



500

9721

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

51 9721

BIRTH NO.

1. NAME OF DECEASED (Type or Print)

DANIEL DONAHUE

2. DATE OF DEATH

November 9, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTE

Union Memorial Hospital

4. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)

Baltimore

9-01

C. Length of stay in Baltimore

Yrs.

Mos.

Days

508 Wyanoke Avenue

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Dec. 1 - 1894

9. AGE (In years last birthday)

56

10. Under 1 Year

Months

Days

11. Under 24 Hours

Hours

Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Rockwell Kohn Co.

10B. KIND OF BUSINESS OR INDUSTRY

Dept. Store

11. BIRTHPLACE (State or foreign country)

Baltimore Co. Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Thomas H. Donahue

14. MOTHER'S MAIDEN NAME

Bridget Donahue

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

Yes

(If yes, give war or dates of service)

W. W. #1

16. SOCIAL SECURITY NO.

217-07-8016

17. INFORMANT

MRS. MARY NEWNS

ADDRESS

4655 Delaware

18. 4221

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic Cardiovascular Disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES

NO

21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED WHILE AT NOT WHILE AT WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased d. ed on the day stated above, and death in my opinion resulted from: natural causes X, accident, suicide, homicide, undetermined.

23A. SIGNATURE

William W. ...

23B. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR

23C. DATE SIGNED

11/9/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

11-12-51

24C. NAME OF CEMETERY OR CREMATORY

St. Johns

24D. LOCATION (City, town, or county) (State)

Long Green Md

DATE RECEIVED BY LOCAL REGISTRAR

NOV 12 1951

REGISTRAR'S SIGNATURE

John Williams, M.D.

25. FUNERAL DIRECTOR

L. Luck

ADDRESS

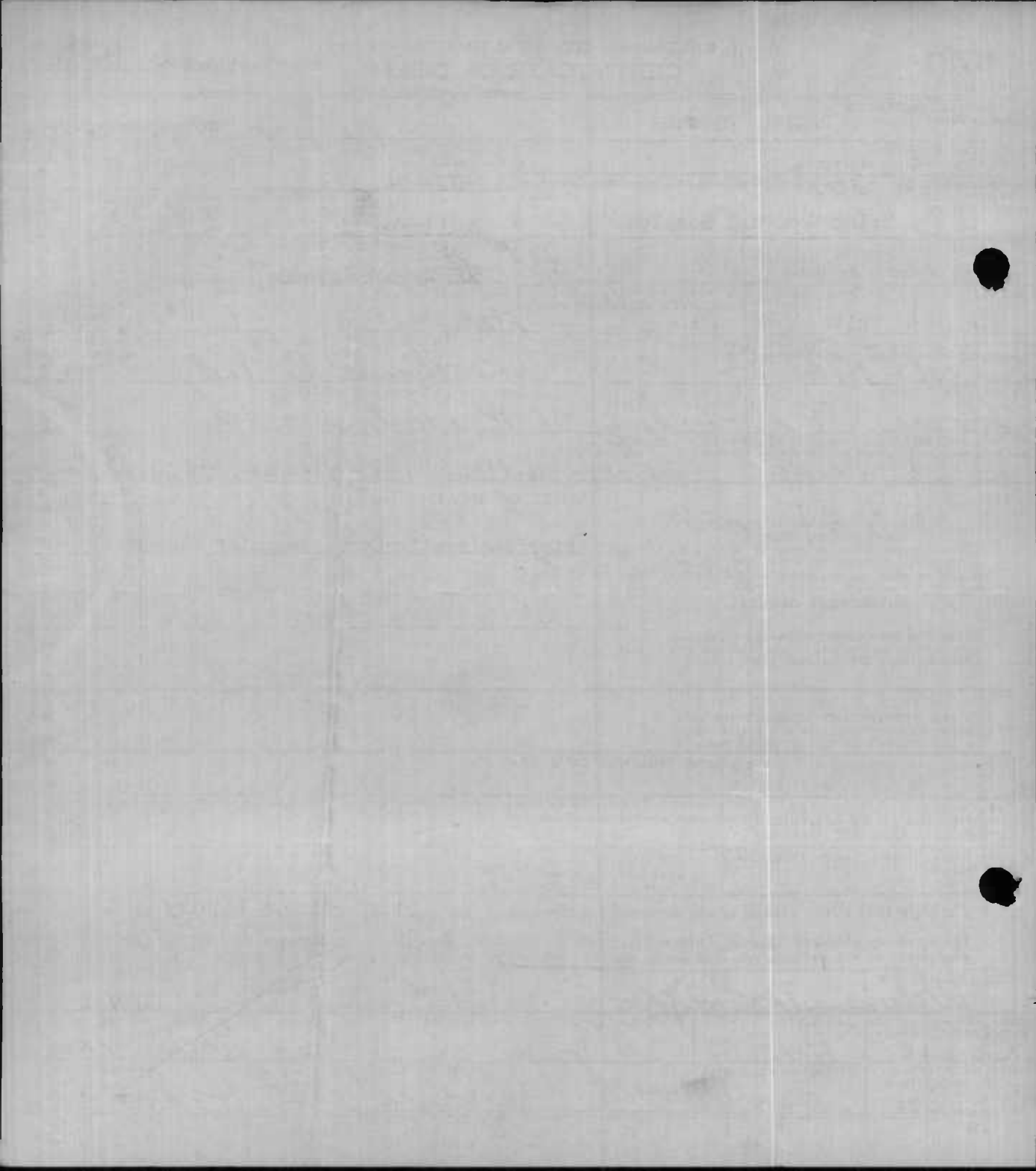
5365 Harford Rd.

V S 151

9706C

93D

MEDICAL CERTIFICATION



360
9722
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 9722
Registered No.

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
SARAH R. VETTOR		Nov. 10-1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 3515 Rose Kemp Ave.		C. CITY OR TOWN Baltimore 27-01	
D. STREET ADDRESS (If rural, give location) 3515 Rose Kemp Avenue			
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH Dec. 2-1886
9. AGE (In years last birthday) 64		10. CITIZEN OF WHAT COUNTRY? Pennsylvania	
11. BIRTHPLACE (State or foreign country) Pennsylvania		12. CITIZEN OF WHAT COUNTRY? Pennsylvania	
13. FATHER'S NAME Anthony Brunello		14. MOTHER'S MAIDEN NAME ?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
		17. INFORMANT Mr. Joseph Vettor- 3515 Rose Kemp	
18. 42011 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Coronary Occlusion DUE TO ANTECEDENT CAUSES (B) Arteriosclerosis DUE TO (C) Multiple Sclerosis		INTERVAL BETWEEN ONSET AND DEATH 5 yrs. 3 years	
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from June 1951, to Nov. 10, 1951, that I last saw the deceased alive on Nov. 10, 1951, and that death occurred at 5:23 p.m., from the causes and on the date stated above.			
23A. SIGNATURE Charles N. Swicill M. D.		23B. ADDRESS 3601 Ailco Ave	
23C. DATE SIGNED 11/12/51			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Nov. 13-1951	
24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer		24D. LOCATION (City, town, or county) (State) BALTO Md.	
25. FUNERAL DIRECTOR L. J. Luck		ADDRESS 5305 HARTFORD Rd.	

MEDICAL CERTIFICATION

Dr. Seale

Dec 10 1901

Jan 10 1902

1901

Multiple sclerosis

Arteriosclerosis

Coronary disease

300
51 9723BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 9723

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Catherine L. F. Ott Lathemist L. F. Ott</i>		2. DATE OF DEATH <i>11.9.51</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Baltimore</i>		4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE <i>Baltimore</i> B. COUNTY <i>12-02</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Maryland General Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>3026 St. Paul St.</i>	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>Glenn, Maryland</i>	
5. SEX <i>female</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>widowed</i>	8. DATE OF BIRTH <i>11-5-1893</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>at home</i>	9. AGE (In years last birthday) <i>58</i>
11. BIRTHPLACE (State or foreign country) <i>md: Baltimore</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
13. FATHER'S NAME <i>John Gradwohl</i>		14. MOTHER'S MAIDEN NAME <i>Catherina Eckert</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>-</i>	
17. INFORMANT <i>Louis Sharp - House - Dead</i>		ADDRESS	

18. *175x*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Cardiac failure

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Abdominal Carcinomatosis

DUE TO

(C)

(ovarium)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION *0* 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐22. I hereby certify that I attended the deceased from *11.4*, 19*51*, to *11.9*, 19*51*; that I last saw the deceased alive on *11.9*, 19*51*, and that death occurred at *8:30* m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Cremial</i>	24B. DATE <i>Nov 12/51</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Linden Park Bur</i>	24D. LOCATION (City, town, or county) (State) <i>Baltimore Md</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>NOV 12 1951</i>		REGISTRAR'S SIGNATURE <i>Wmington Williams, Md</i>	25. FUNERAL DIRECTOR <i>F. Bliffard & Son</i>
		ADDRESS <i>1300 E. Howard St</i>	

June. 5-1883 - 68

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. _____

51 9724

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print) *DANA, CORA*

2. DATE OF DEATH *11/10/51*

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE *MD* B. COUNTY *city Baltimore*

B. FULL NAME OF HOSPITAL OR INSTITUTION *Church Home & Hospital*

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Balto.

C. Length of stay in Baltimore *6 1/2*

D. STREET ADDRESS (If rural, give location)
7901 Bayfront Pk. 5300

5. SEX *F*

6. COLOR OR RACE *W*

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Widowed

8. DATE OF BIRTH *Jan 8, 1889*

9. AGE (in years last birthday) *62*

If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Housewife

10B. KIND OF BUSINESS OR INDUSTRY _____

11. BIRTHPLACE (State or foreign country)
U. S. A

12. CITIZEN OF WHAT COUNTRY? _____

13. FATHER'S NAME *Ellis, John*

14. MOTHER'S MAIDEN NAME *Lewis, Annie*

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO. _____

17. INFORMANT ADDRESS
Ellis, Mattie 4311 grandview ave

18. *420.0*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *arterial Vascular accident*
DUE TO *3 days*

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *Arteriosclerosis Heart disease*
DUE TO *Arteriosclerosis Fibrillation*
(C) *Diabetes Mellitus*

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION *0*

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *10/30/51*, 19__, to *11/10/51*, 19__, that I last saw the deceased alive on *11/10/51*, 19__ and that death occurred at *9:50* m., from the causes and on the date stated above.

23. SIGNATURE *J. D. Harrison*

23B. ADDRESS *Church Home & Hosp.*

23C. DATE SIGNED *11/10/51*

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE *Nov 13/51*

24C. NAME OF CEMETERY OR CREMATORY *St. Mary's Hampden*

24D. LOCATION (City, town, or county) (State) *3900 Roland Ave, Md*

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE *Christina M. Williams, M.D.*

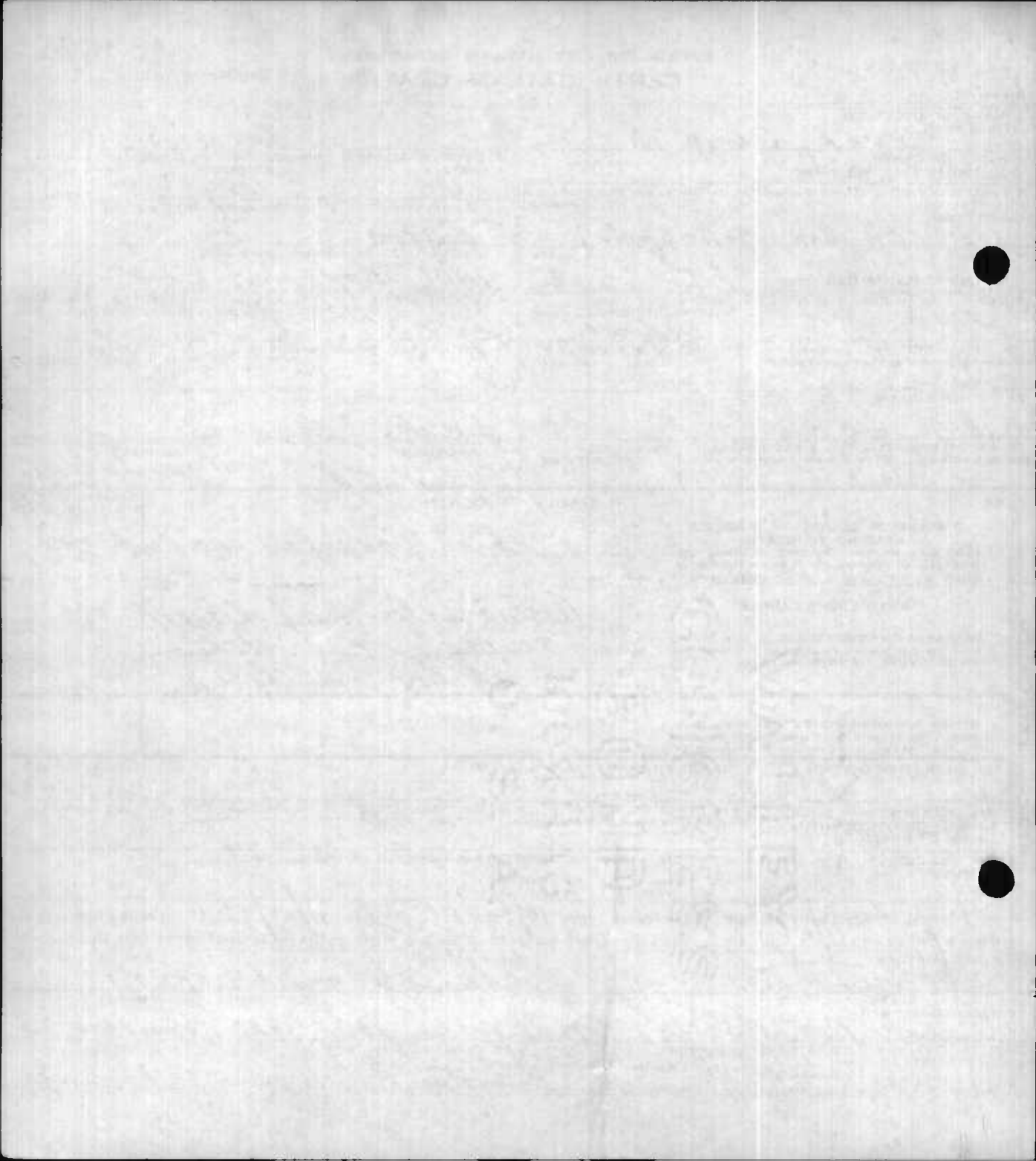
25. FUNERAL DIRECTOR

ADDRESS

NOV 12 1951

Funeral E. Donovan - 3818 Roland Ave

MEDICAL CERTIFICATION



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

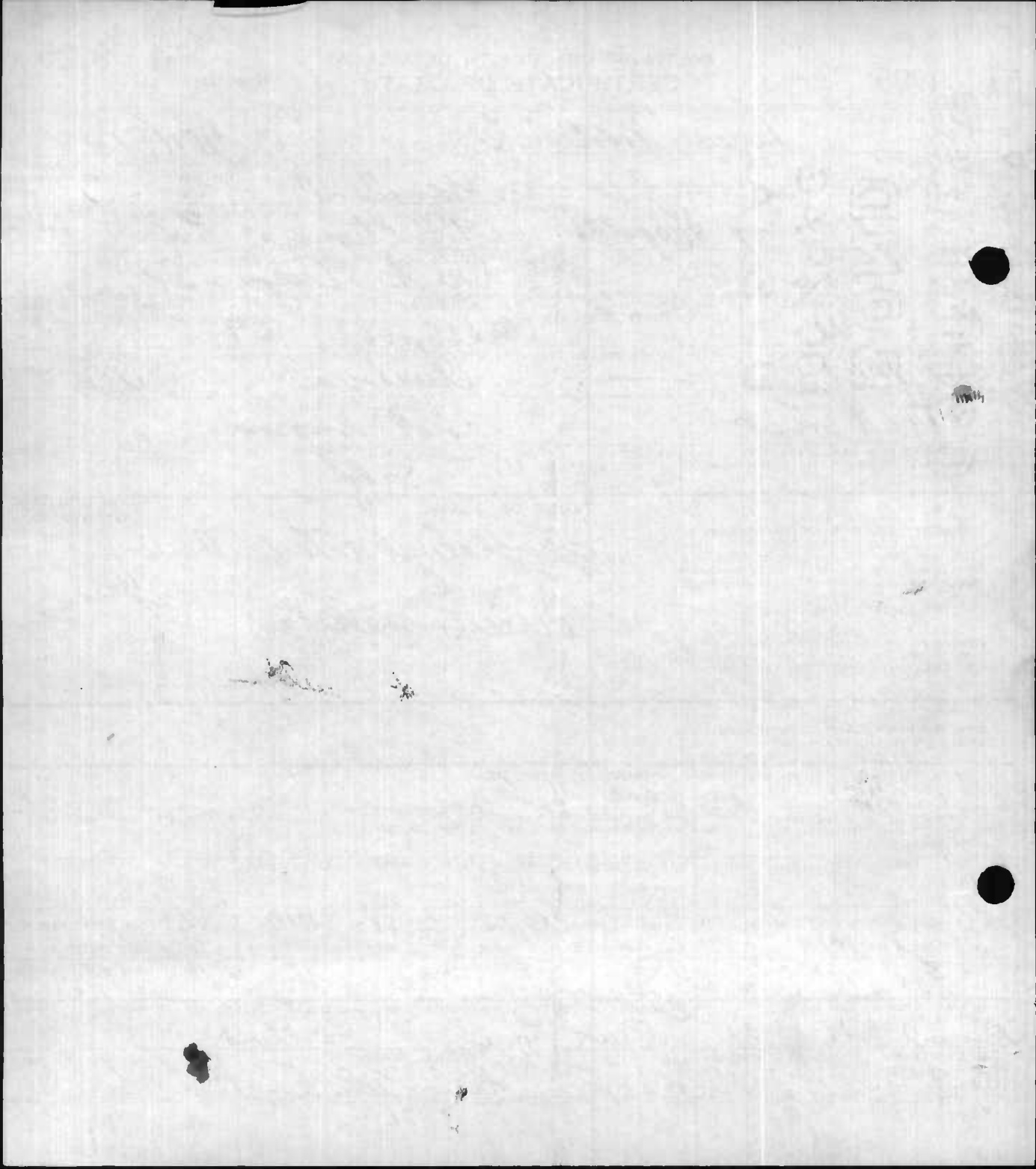
51 9725
Registered No.

320
51 9725
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Louis Fredwick</i>			2. DATE OF DEATH <i>11/9/51</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Mercy Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 24</i>		
C. Length of stay in Baltimore <i>64</i> Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <i>610 S. Streper St</i>		
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>Oct 25, 1882</i>	9. AGE (In years last birthday) <i>69</i>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Shuff (Retired)</i>		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Austria</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA.</i>
13. FATHER'S NAME <i>C. Medwick</i>			14. MOTHER'S MAIDEN NAME <i>not known.</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT <i>Self.</i> ADDRESS		

18. <i>260x</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH (A) <i>generalized arteriosclerosis</i> DUE TO (B) <i>diabetes mellitus</i> DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH <i>years</i>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONITION CAUSING IT.		

19A. DATE OF OPERATION <i>10/18/51</i>	19B. MAJOR FINDINGS OF OPERATION <i>gangrene of leg</i>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <i>10/13</i> 1951, to <i>11/9</i> 1951, that I last saw the deceased alive on <i>10/9</i> 1951, and that death occurred at <i>3:50 p.m.</i> , from the causes and on the date stated above.		
23A. SIGNATURE <i>John R. Buell Jr.</i> M. D.	23B. ADDRESS <i>Mercy Hospital</i>	23C. DATE SIGNED <i>11/9/51</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>11-13-51</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Oak Lawn</i>
24D. LOCATION (City, town, or county) <i>Baltimore</i>		(State)
DATE RECEIVED BY LOCAL REGISTRAR <i>NOV 12 1951</i>	REGISTRAR'S SIGNATURE <i>William Williams</i>	25. FUNERAL DIRECTOR <i>Lilly & John Chen</i> ADDRESS <i>403 S. Wolfe St</i>



640
1 9726BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 9726
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Henry Brill -

2. DATE
OF
DEATH

Nov. 11, '51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

5. SEX

male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Clerk

10B. KIND OF BUSINESS OR
INDUSTRY

Brill Sea Food Bus.

8. DATE OF BIRTH

4-9-02

9. AGE (In years last birthday)

49

11 Under 1 Year
12 Under 24 Hours

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Peter A. Brill

14. MOTHER'S MAIDEN NAME

Margaret Ann Schaller

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT
JOHNS HOPKINS HOSPITAL

18. 002X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Tuberculous pneumonia

INTERVAL BETWEEN
ONSET AND DEATH

? / 1 month

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) DUE TO
(C)OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

INJURY

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

22. I hereby certify that I attended the deceased from Nov. 9, 1951, to Nov. 11, 1951, that I last saw the deceased alive on Nov. 11, 1951, and that death occurred at 7-2 a. m., from the causes and on the date stated above.

23A. SIGNATURE

Thomas Franklin Phillips

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

Nov. 11, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

11-14-51

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

NOV 12 1951

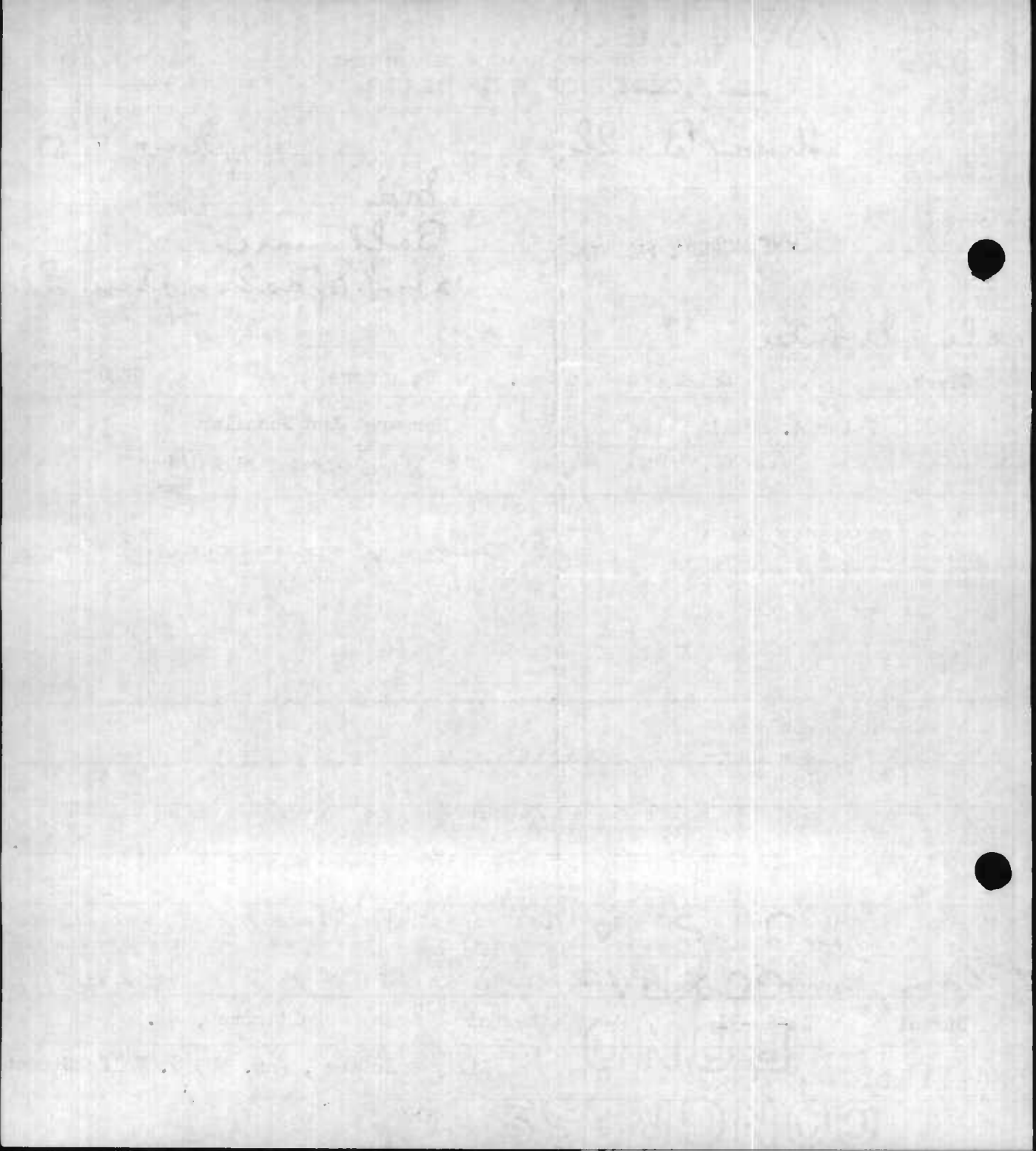
REGISTRAR'S SIGNATURE

Thomas Franklin Phillips

25. FUNERAL DIRECTOR

Lilly & Zeiler, Inc. 403 S. Wolfe Street

ADDRESS

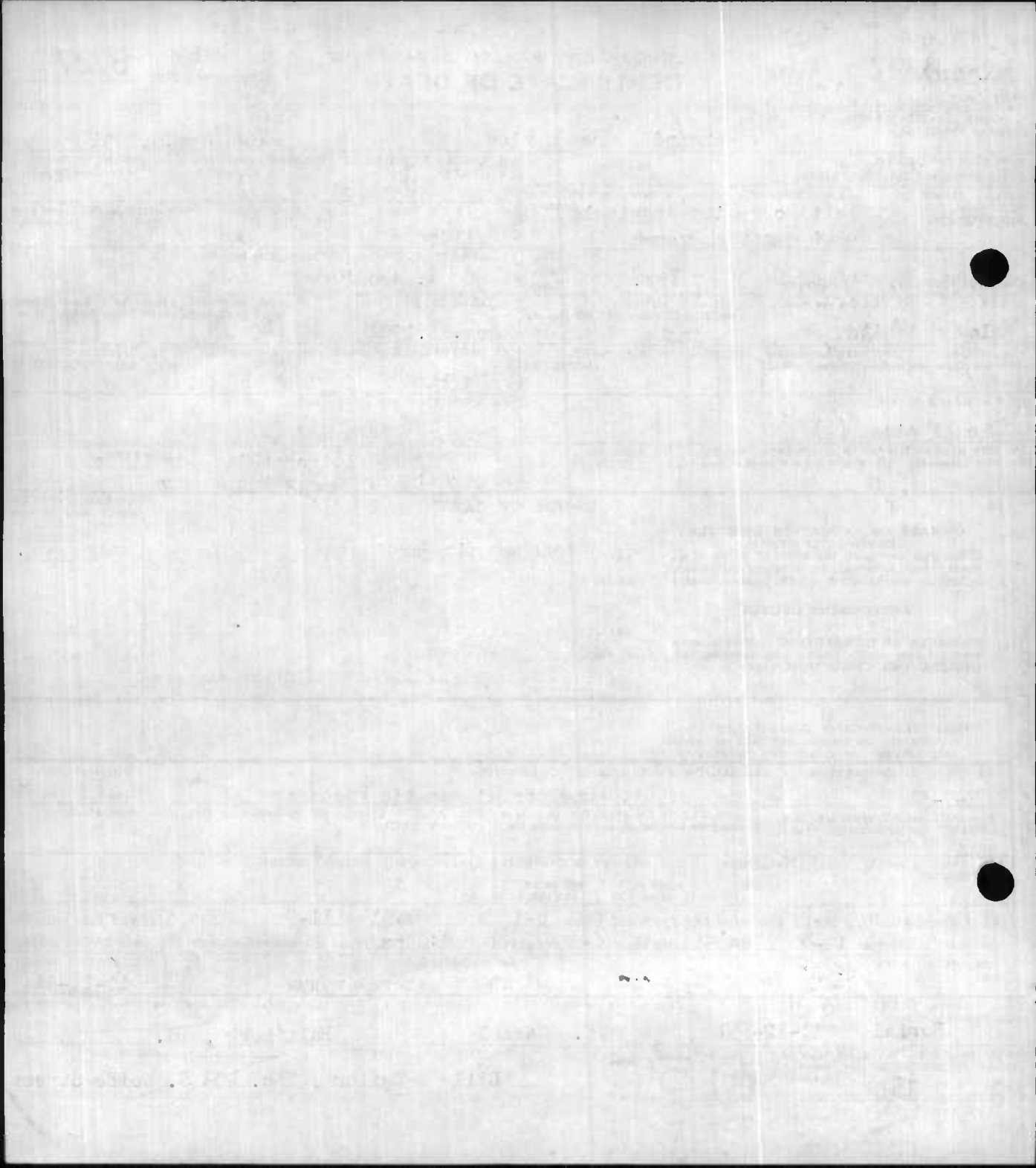


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NDL-149048
8827

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 9727

BIRTH NO.	
1. NAME OF DECEASED (Type or Print) Bernard Joseph Rice	
2. DATE OF DEATH Nov. 9, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland	
4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Avenue	
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 806 S. Broadway	
C. Length of stay in Baltimore 7 Yrs. Yrs. Mos. Days	
5. SEX Male	6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Aug. 28, 1902
9. AGE (In years last birthday) 49	10. Under 1 Year Months: Days
11. Under 24 Hours Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	
10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) England	
12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Thomas Rice (D)	
14. MOTHER'S MAIDEN NAME Margaret McShane (D)	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.	
17. INFORMANT Baltimore City Hospitals Records: 4940 Eastern Avenue	
18. 162X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Bronchogenic Carcinoma DUE TO (B) DUE TO (C) INTERVAL BETWEEN ONSET AND DEATH Over 6 Mos.	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 7-9-51	
19B. MAJOR FINDINGS OF OPERATION Biopsy of Rt. Lung for Diagnostic Purposes	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 6-1 , 19 51 to 11-9 , 19 51 that I last saw the deceased alive on 11-9 , 19 51 and that death occurred at 9:05pm , from the causes and on the date stated above.	
23A. SIGNATURE [Signature] M. D.	
23B. ADDRESS 4940 Eastern Avenue	
23C. DATE SIGNED 11-12-51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24B. DATE 11-12-51	
24C. NAME OF CEMETERY OR CREMATORY Mt. Carmel	
24D. LOCATION (City, town, or county) (State) Baltimore, Md.	
DATE RECEIVED BY LOCAL REGISTRAR NOV 12 1951	
REGISTRAR'S SIGNATURE [Signature]	
25. FUNERAL DIRECTOR Lilly & Zeiler, Inc. 403 S. Wolfe Street	
ADDRESS	



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

51 9728

Registered No.

BIRTH NO. 51-02861

1. NAME OF DECEASED (Type or Print) RUDOLPH M. HOOPER			2. DATE OF DEATH November 8, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. City			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore		
B. FULL NAME OF HOSPITAL OR INSTITUTION Johns Hopkins Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
C. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 1736 Orleans Street		
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Feb-5-1951		9. AGE (In years last birthday) 6-05
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10B. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (State or foreign country) Baltimore		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Rudolph Hooper			14. MOTHER'S MAIDEN NAME Willemay Homes		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Willemay Hopper 1736 Orlean St		

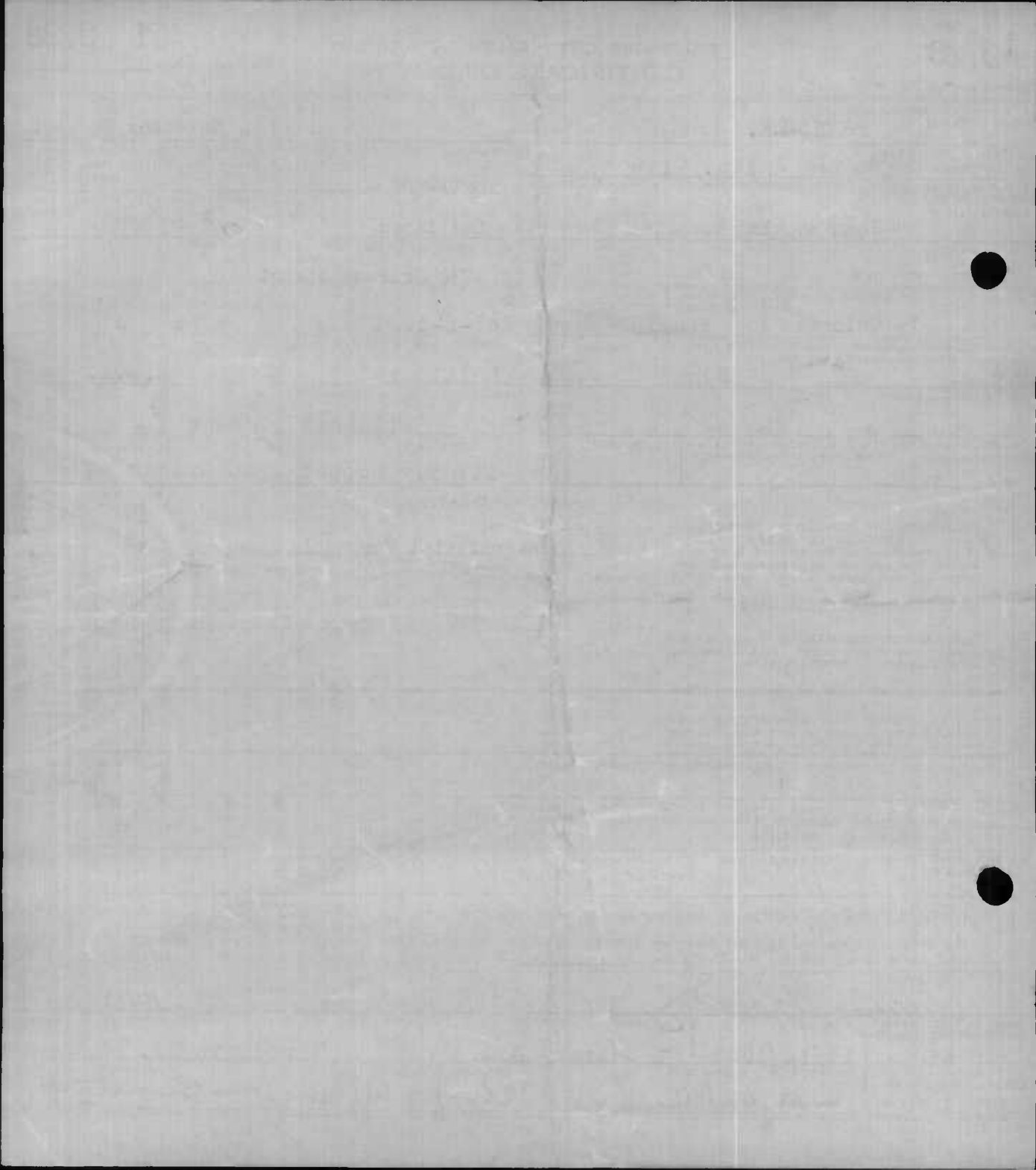
18. 492x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) INTERSTITIAL PNEUMONIA		INTERVAL BETWEEN ONSET AND DEATH
(A) DUE TO		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
(B) DUE TO		
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?		

22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <i>William H. Wood</i>		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> M.D. MEDICAL INVESTIGATOR <input checked="" type="checkbox"/>		23C. DATE SIGNED 11/9/51
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 11/12/1951	24C. NAME OF CEMETERY OR CREMATORY Mt Calvary Cem.	24D. LOCATION (City, town, or county) (State) Brooklyn Md.	

DATE RECEIVED BY LOCAL REGISTRAR NOV 12 1951	REGISTRAR'S SIGNATURE <i>William H. Wood</i>	FUNERAL DIRECTOR <i>Chas. O. Wilson</i>	ADDRESS <i>1000 Beattys Ave</i>
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560
51 9729

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 9729

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		Ella Bonner.		11-10-1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION 1620 W. Lanvale St.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 16-03			
C. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 1620 W. Lanvale St.			
5. SEX Female	6. COLOR OR RACE C	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH April 2, 1871		9. AGE (in years last birthday) 80
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Virginia	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Joseph Miles.		14. MOTHER'S MAIDEN NAME			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Mollie Sheppard. 1013 Payson St.	
18. 490X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH (A) <u>Lobar Pneumonia</u> DUE TO <u>Myocardium</u> (B) <u>Capillary Pneumonia</u> DUE TO <u>Partial Hemiplegia left side</u> (C) <u>2</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Several days</u>	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 10/15/51, to 11/13/51, that I last saw the deceased alive on 11/5/51, and that death occurred at 3:45 p.m., from the causes and on the date stated above.					
23A. SIGNATURE [Signature]		23B. ADDRESS 5744 N. Carey St.		23C. DATE SIGNED 11/12/51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Nov 12, 1951		24C. NAME OF CEMETERY OR CREMATORY Arbutus memorial	
24D. LOCATION (City, town, or county) (State) Arbutus Md		25. FUNERAL DIRECTOR Mrs. Katie R. Williams		ADDRESS 3224 Schroeder St.	

MEDICAL CERTIFICATION

NOV 12 1951

RECEIVED
CERTIFICATE OF DEATH

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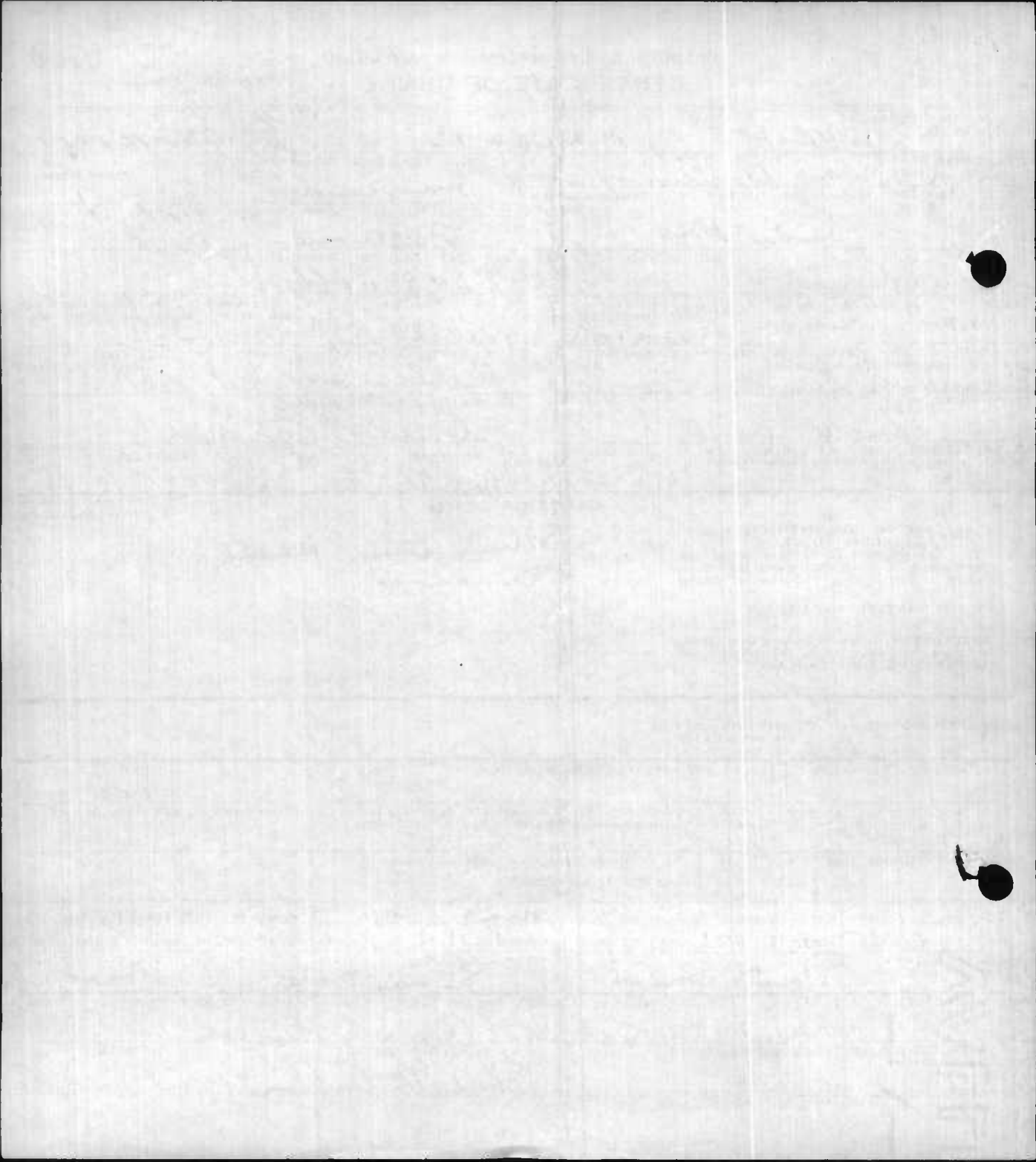
1 9730

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 9730

1. NAME OF DECEASED (Type or Print) CHARLES F. LEWIS		2. DATE OF DEATH Nov 14, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) Senai Hosp		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
C. Length of stay in Baltimore 52 Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 2009 Robb St.	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH July 23, 1899
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chauffeur, Sun Taxi Cab Co.		9. AGE (In years last birthday) 52	11. BIRTHPLACE (State or foreign country) Baltimore, Md.
10B. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? U.S.A	13. FATHER'S NAME Henry Lewis
14. MOTHER'S MAIDEN NAME Delia C. Connor		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. 218-07-1043		17. INFORMANT ADDRESS Mrs. Lillian R. Lewis 2009 Robb St.	
18. 416X CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Rheumatic Heart Disease DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE, (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (B) (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION Nov 14, 1951		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour)	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Nov 1, 1951 to Nov 11, 1951 that I last saw the deceased alive on Nov 11, 1951 and that death occurred at 11 A m., from the causes and on the date stated above.			
23A. SIGNATURE Donald Sander		23B. ADDRESS Senai Hosp	
23C. DATE SIGNED Nov 11, 1951			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Nov. 14, 1951	
24C. NAME OF CEMETERY OR CREMATORY New Cathedral Cemetery Baltimore		24D. LOCATION (City, town, or county) (State) Md	
DATE RECEIVED BY LOCAL REGISTRAR NOV 12 1951		REGISTRAR'S SIGNATURE Charles W. Cuthlin	
25. FUNERAL DIRECTOR Charles W. Cuthlin		ADDRESS 924 E. Eager St.	

MEDICAL CERTIFICATION



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

51 9731
Registered No. _____

200
51 9731
BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) Mr. Harlee Austin Russ			2. DATE OF DEATH Nov. 9, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
C. Length of stay in Baltimore 10 yrs.			D. STREET ADDRESS (If rural, give location) 1423 N. Patterson Park Avenue		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 29-1951		9. AGE (In years last birthday) 43
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unemployed			10B. KIND OF BUSINESS OR INDUSTRY General Baking Co.		11. BIRTHPLACE (State or foreign country) Abbotsburg, North Carolina
13. FATHER'S NAME Austin Russ			14. MOTHER'S MAIDEN NAME Katie Kelley		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT Mary E. Russ	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		ADDRESS 423 N. Patterson Park Ave	

18. 42011 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Myocardial infarctions DUE TO Coronary arteriosclerosis		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) _____ (C) _____		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 11/9/51		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 11/3/ , 1951 to 11/9/ , 1951 that I last saw the deceased alive on 11/9/ , 1951 and that death occurred at 8:00 AM from the causes and on the date stated above.					
23A. SIGNATURE [Signature]		23B. ADDRESS 1100 N. Caroline Street		23C. DATE SIGNED 11/9/51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 11/12/51		24C. NAME OF CEMETERY OR CREMATORY Oak Lawn Cem.	
24D. LOCATION (City, town, or county) (State) Eastern Ave. Rd. Md.		24E. DATE RECEIVED BY LOCAL REGISTRAR NOV 12 1951		24F. REGISTRAR'S SIGNATURE [Signature]	
24G. FUNERAL DIRECTOR John J. Connelly		24H. ADDRESS 418 Eastern Ave		24I. VS 150 690 44 710 94a Balto. 21, md	

MEDICAL CERTIFICATION

April 20-1932

Little Valley.
Merry Lane

Little Lane

April 11/1932
Little Valley.
Merry Lane

453

51 9732

51 9732

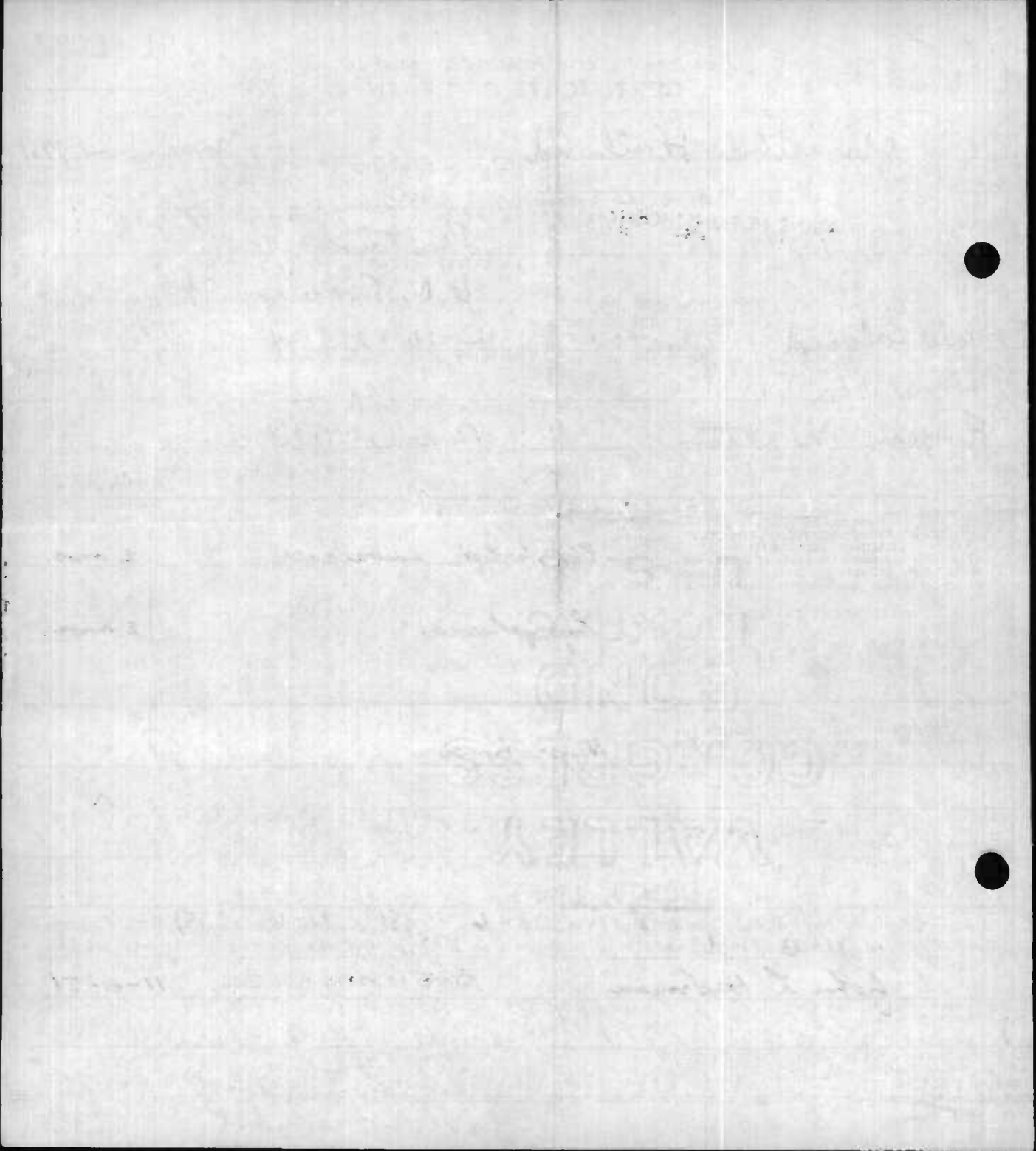
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

1. NAME OF DECEASED (Type or Print) <i>Christine Holland</i>		2. DATE OF DEATH <i>November 16, 1951</i>	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>md.</i> B. COUNTY _____	
b. FULL NAME OF (If not in hospital or institution, give street address or hospital or institution) <i>JOHNS HOPKINS HOSPITAL</i>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		d. STREET ADDRESS (If rural, give location) <i>6 N. Caroline St.</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Separated</i>	8. DATE OF BIRTH <i>4-16-17</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, give if retired) <i>Housewife</i>	10b. KIND OF BUSINESS OR INDUSTRY _____	9. AGE (in years, last birthday) <i>34</i>	11. BIRTHPLACE (State or foreign country) <i>md.</i>
13. FATHER'S NAME <i>Rogers Walter</i>		14. MOTHER'S MAIDEN NAME <i>Annie Tillman</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) _____		17. INFORMANT <i>JOHNS HOPKINS HOSPITAL</i>	
16. SOCIAL SECURITY NO. _____		12. CITIZEN OF WHAT COUNTRY? _____	

18. <i>2021</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Electrolyte imbalance</i>		INTERVAL BETWEEN ONSET AND DEATH <i>2 mos.</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Lymphoma</i>		<i>2 mos.</i>
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>Hypertension</i>		
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____
TIME (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
22. I hereby certify that I attended the deceased from <i>10-6</i> , 19 <i>51</i> , to <i>11-6</i> , 19 <i>51</i> , that I last saw the deceased alive on <i>11-6</i> , 19 <i>51</i> , and that death occurred at <i>8:35 p.m.</i> , from the causes and on the date stated above.		
23a. SIGNATURE <i>John L. Hederman</i> M.D.	23b. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	23c. DATE SIGNED <i>11-6-51</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>Nov 12/51</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Mt Calvary Am & A County</i>
24d. LOCATION (City, town, or county) _____	24e. LOCATION (State) _____	
DATE RECEIVED BY LOCAL REGISTRAR <i>NOV 12 1951</i>	REGISTRAR'S SIGNATURE <i>Robert A. Elliott</i>	25. FUNERAL DIRECTOR <i>Mrs Robert A. Elliott & daughter</i>
ADDRESS <i>1124 N. Caroline St</i>		<i>55E</i>

MEDICAL CERTIFICATION



500
9733BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 9733

1. NAME OF DECEASED (Type or Print) KATHERINE KANE		2. DATE OF DEATH Nov 10, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Md. B. COUNTY	
5. FULL NAME OF (If not in hospital or institution, give street address or location) Mercy Hosp.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto	
6. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 115 W. Mulberry St.	
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 11/5/1866
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Subsidiary		10B. KIND OF BUSINESS OR INDUSTRY Self	9. AGE (In years last birthday) 85
11. BIRTHPLACE (State or foreign country) Balto Md.		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Martin Kane		14. MOTHER'S MAIDEN NAME Mary Kelly	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	
17. INFORMANT Wm Dempsey		ADDRESS 19 E. Centre St	

18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Cerebral hemorrhage DUE TO Hypertensive Cardiovascular Disease	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) (C)	

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
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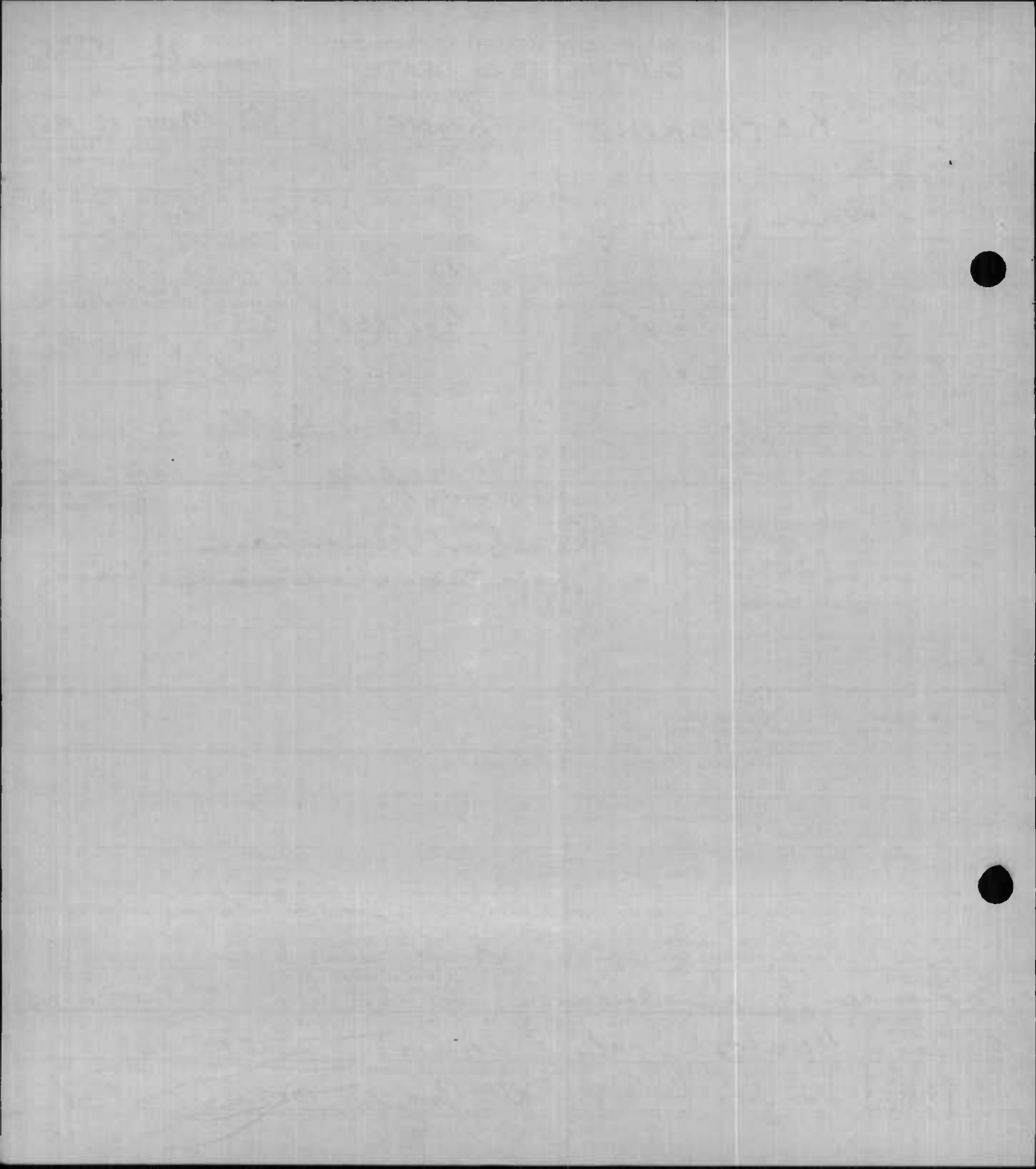
19A. DATE OF OPERATION 11/13/51	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **Inspection & Inquiry** thereon and from the evidence obtained by said ~~Autopsy~~ **Inspection or Inquiry**, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE Stanley K. Dumlach	23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>	23C. DATE SIGNED Nov. 11, 1951
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24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 11/13/51	24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer	24D. LOCATION (City, town, or county) (State) Balto. Md.
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DATE RECEIVED BY LOCAL REGISTRAR NOV 12 1951	REGISTRAR'S SIGNATURE William J. Williams, M.D.	25. FUNERAL DIRECTOR Wm Cook Inc.	ADDRESS 1217 St. Paul St.
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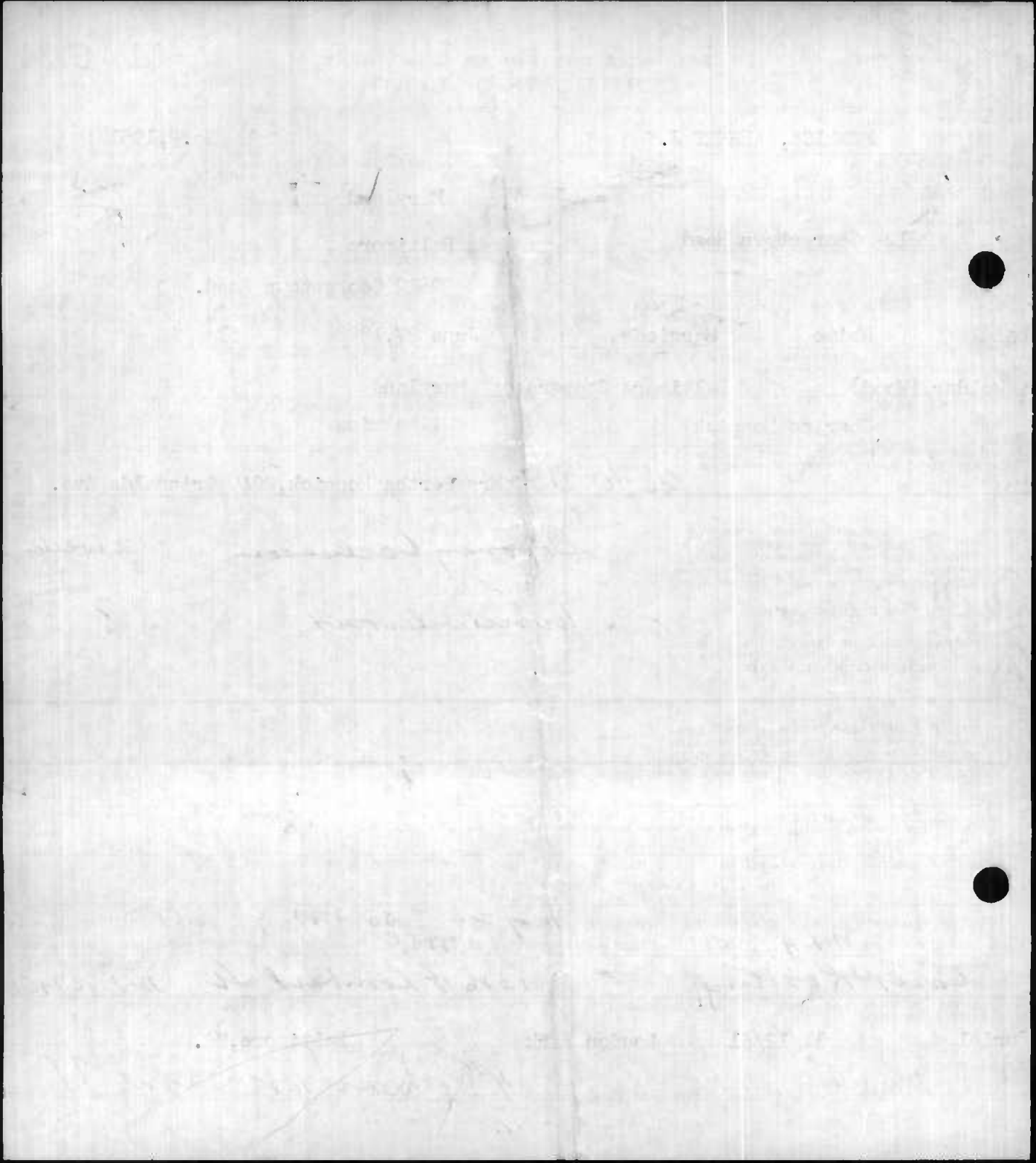


520
1 9734BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 9734

Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) MONNICK, ALBERT J.		2. DATE OF DEATH No. 9, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore			
B. FULL NAME OF HOSPITAL OR INSTITUTION 2812 Georgetown Road		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) 25-52			
C. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 2812 Georgetown Road.			
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 27, 1898	9. AGE (In years last birthday) 53	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Molder (Wood)		10B. KIND OF BUSINESS OR INDUSTRY Baltimore Cooperage		11. BIRTHPLACE (State or foreign country) Maryland	
13. FATHER'S NAME Charles Monnick		14. MOTHER'S MAIDEN NAME Wilhelmina		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. 216-10-2230		17. INFORMANT ADDRESS Mrs Bertha Monnick, 2049 Grinnalds Ave.	
18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary Occlusion DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Arteriosclerosis DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONITION CAUSING IT.		CAUSE OF DEATH (A) Coronary Occlusion (B) Arteriosclerosis (C) —		INTERVAL BETWEEN ONSET AND DEATH 2 weeks	
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from May 29, 1950 to Nov. 9, 1951 ; that I last saw the deceased alive on Nov. 9, 1951 and that death occurred at 7:15 Pm. , from the causes and on the date stated above.					
23A. SIGNATURE Earl R. Hosking		23B. ADDRESS M. D. 1326 W. Lombard St		23C. DATE SIGNED Nov. 10, 1951	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 11/12/51		24C. NAME OF CEMETERY OR CREMATORY Loudon Park	
24D. LOCATION (City, town, or county) (State) Baltimore, Md.		24E. DATE RECEIVED BY LOCAL REGISTRAR NOV 12 1951		24F. REGISTRAR'S SIGNATURE Wm. C. Dineen	
24G. FUNERAL DIRECTOR 1217 St Paul St		24H. ADDRESS 1217 St Paul St		24I. SIGNATURE 1217 St Paul St	



200 9735 BIRTH NO.		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		Registered No. 51 9735	
1. NAME OF DECEASED (Type or Print) JOSEPH B. LEWIS			2. DATE OF DEATH NOV. 11, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) 716 Cumberland St.			C. CITY OR TOWN (If outside corporate limits, write R.U.R. and give township) Baltimore 15-01		
C. Month of stay in Baltimore			D. STREET ADDRESS (If rural, give location) 716 Cumberland St.		
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH June 15, 1878		9. AGE (in years last birthday) 73
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) marble setter (rtd)			10B. KIND OF BUSINESS OR INDUSTRY Construction		11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY?			13. FATHER'S NAME Joseph F. Lewis		
14. MOTHER'S MAIDEN NAME Mary Foos			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) yes Spanish American		
16. SOCIAL SECURITY NO. none			17. INFORMANT ADDRESS Mr. Joseph Lewis-716 Cumberland St.		
18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary Occlusion DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Regenerative Heart Disease DUE TO Disease			INTERVAL BETWEEN ONSET AND DEATH		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. None					
19A. DATE OF OPERATION none			19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY none	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR? Inspection			
22. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> accident <input type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/>					
23A. SIGNATURE Francis J. Januszewski			23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input checked="" type="checkbox"/> Nov 11, 1951		
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 11/14/51	24C. NAME OF CEMETERY OR CREMATORY Balto. National Cem.	24D. LOCATION (City, town, or county) (State) Balto., Md.		
DATE RECEIVED BY LOCAL REGISTRAR QV 1 21951	REGISTRAR'S SIGNATURE William M. Williams	25. FUNERAL DIRECTOR Edm. J. Tiekner & Sons		ADDRESS 504 24 937 Balto. Md.	

Wm. F. Johnson
Bates 1914

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **51 9736**

1. NAME OF DECEASED (Type or Print) Mr. Lawrence Lewis		2. DATE OF DEATH 11/10/51	
3. PLACE OF DEATH: Bon Secours Hospital A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore	
B. FULL NAME OF HOSPITAL OR INSTITUTION Bon Secours Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Brighton, Md. Zone 15	
C. Length of stay in Baltimore 85 Years		D. STREET ADDRESS (If rural, give location) 6607 Fairmount Ave.	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 7/21/66
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hydraulic Engineer (Rtd)		10B. KIND OF BUSINESS OR INDUSTRY Own Business	
13. FATHER'S NAME Unknown		14. MOTHER'S MAIDEN NAME Unknown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT Mrs. Emma Lewis - 6607 Fairmount Ave.		ADDRESS	
18. 177X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Cerebral Anoxia & Cardio Respiratory failure DUE TO CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Metastatic Carcinoma of Prostate DUE TO			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION None		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23A. SIGNATURE <i>Antoine D. Hoge</i> M. D.		23B. ADDRESS Bon Secours Hosp	
23C. DATE SIGNED			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 11/13/51	
24C. NAME OF CEMETERY OR CREMATORY Woodlawn Cem.		24D. LOCATION (City, town, or county) (State) Woodlawn, Md.	
DATE RECEIVED BY LOCAL REGISTRAR NOV 12 1951		REGISTRAR'S SIGNATURE <i>William Williams</i>	
25. FUNERAL DIRECTOR Wm. J. Tickner & Sons		ADDRESS 518 Balto, Md.	

Wm. F. Dickson & Son
Baltimore, Md.

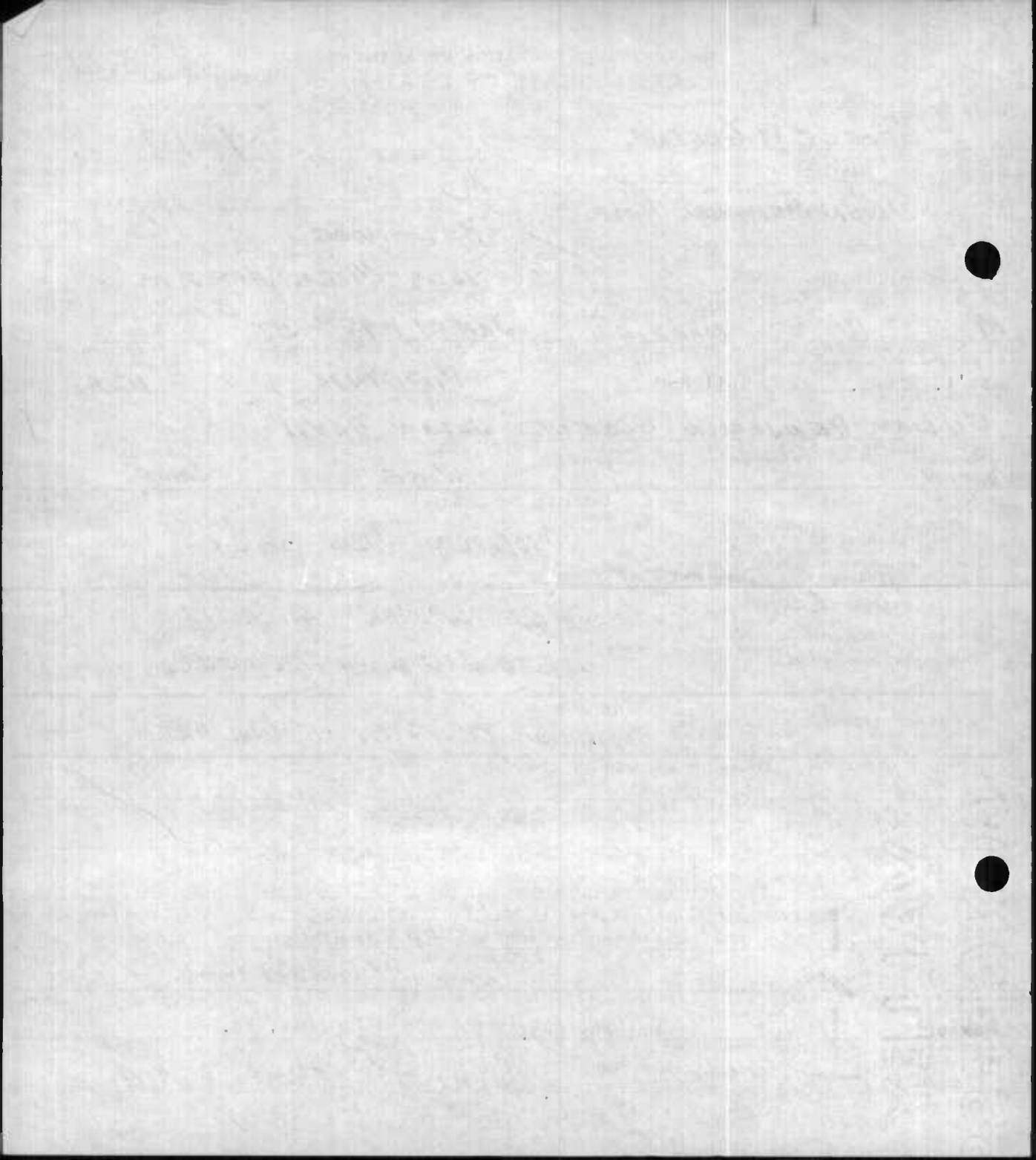
650
1 9737

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 9737
Registered No.

1. NAME OF DECEASED (Type or Print) GEORGE W GREENE			2. DATE OF DEATH 11/10/51		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE MD B. COUNTY 9-03		
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION UNION MEMORIAL HOSP. location)			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE		
c. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) 1205 WINDEMERE AVE		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JAN 29, 1893	9. AGE (in years last birthday) 58	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ass't. Treas.		10B. KIND OF BUSINESS OR INDUSTRY Railroad		11. BIRTHPLACE (State or foreign country) VIRGINIA	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME WILLIAM BENJAMIN GREENE		14. MOTHER'S MAIDEN NAME JULIA DAVIS	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) UNKNOWN		16. SOCIAL SECURITY NO.		17. INFORMANT WIFE ADDRESS SAME	

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) MYOCARDIAL INSUFFICIENCY DUE TO (B) MARKED CORONARY SCLEROSIS DUE TO (C) MARKED GENERALIZED ARTERIOSCLEROSIS			INTERVAL BETWEEN ONSET AND DEATH		
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. CHRONIC OCCLUSION RIGHT + LEFT INT. ILIAC. ART.					
19A. DATE OF OPERATION NONE		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 11-10 , 19 51 , to 11-10 , 19 51 , that I last saw the deceased alive on 11-10 , 19 51 , and that death occurred at 9:50 p.m. , from the causes and on the date stated above.					
23A. SIGNATURE J. M. Amaker		23B. ADDRESS Union Memorial Hosp.		23C. DATE SIGNED 11-10-51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Removal		24B. DATE 11/14/51		24C. NAME OF CEMETERY OR CREMATORY Mathews Cem.	
24D. LOCATION (City, town, or county) (State) Mathews, Va.		25. FUNERAL DIRECTOR J. M. J. Lickner & Sons		ADDRESS	



200
51 9738

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 9738

1. NAME OF DECEASED (Type or Print) <i>James Robert Dyche, Jr.</i>		2. DATE OF DEATH <i>11-11-51</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Baltimore</i>		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>Maryland General Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>918 Newington Ave. #17</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>October 9, 1887</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Accounting</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Railroad</i>	9. AGE (In years last birthday) <i>64</i>
11. BIRTHPLACE (State or foreign country) <i>Maryland</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>George V.C. Dyche</i>		14. MOTHER'S MAIDEN NAME <i>Wilhelmina Dill</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Mrs. Blanche R. Dyche-918 Newington Ave.</i>		ADDRESS	

18. <i>420.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO (A) <i>Coronary thrombosis (?)</i> DUE TO (B) <i>Hypertensive and arteriosclerotic cardiovascular disease</i> DUE TO (C) _____ INTERVAL BETWEEN ONSET AND DEATH <i>unknown</i>	CAUSE OF DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>11-4-51</i> to <i>11-11-51</i> , that I last saw the deceased alive on <i>11-11-51</i> , and that death occurred at <i>7:30 a.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Anthony C. Verone</i>		23B. ADDRESS <i>Maryland General Hospital</i>		23C. DATE SIGNED <i>11/14/51</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>11/14/51</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Davis Memorial</i>	
24D. LOCATION (City, town, or county) <i>Cumberland, Md.</i>		24E. LOCAL REGISTRAR <i>William J. Williams, Jr.</i>		24F. FUNERAL DIRECTOR <i>Wm. J. Tickenert & Sons</i>	
24G. DATE RECEIVED BY LOCAL REGISTRAR <i>NOV 12 1951</i>		24H. ADDRESS		24I. ADDRESS	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

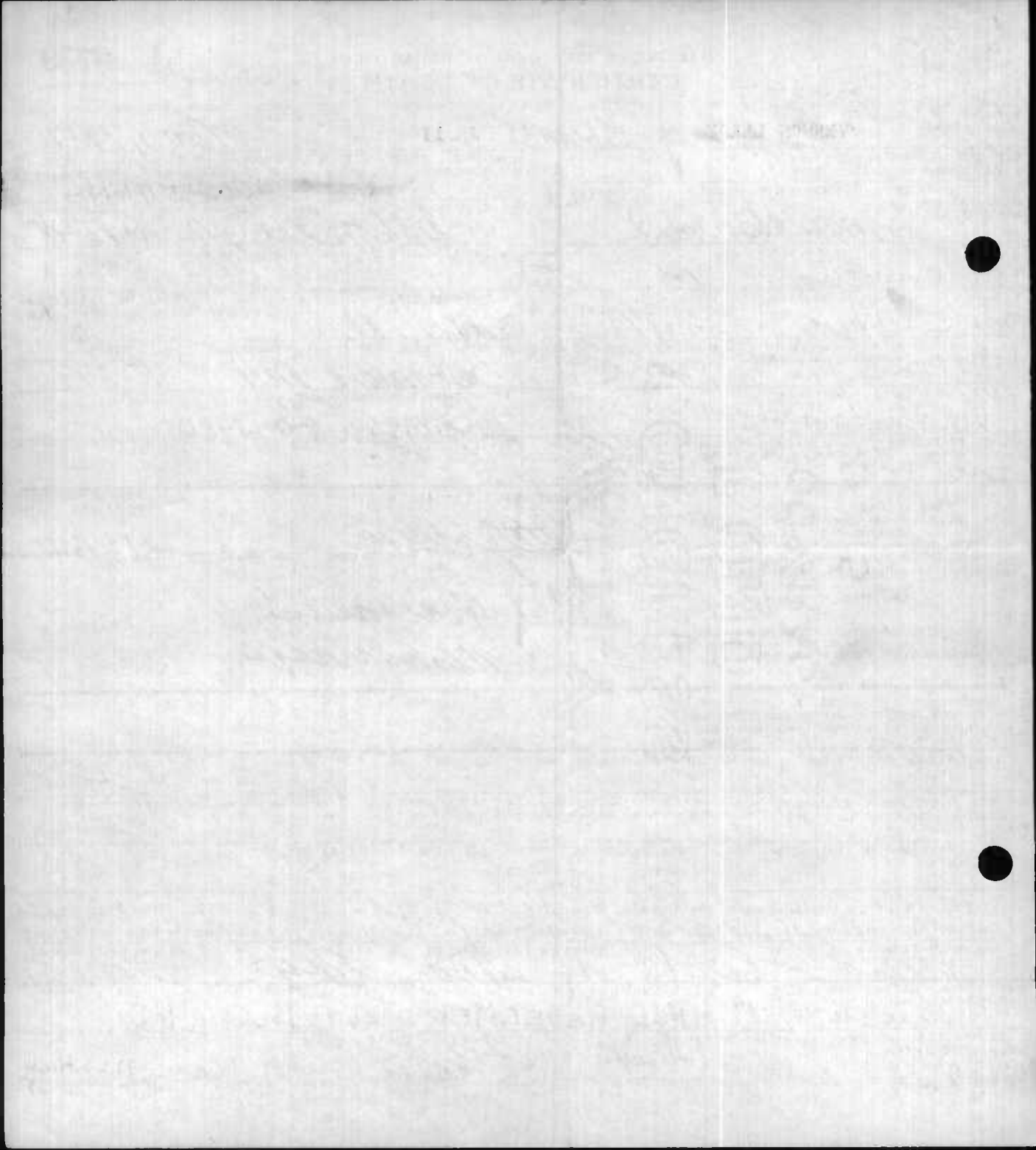
Registered No. 51 9739

BIRTH NO. 51-26544

1. NAME OF DECEASED (Type or Print) VERNON LEROY Grimes JR. II			2. DATE OF DEATH Nov 11, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): A. STATE MD B. COUNTY 1333 N. Luzerne Ave		
B. FULL NAME OF HOSPITAL OR INSTITUTION Sinai Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore, Maryland		
c. Length of stay in Baltimore 1/2			D. STREET ADDRESS (If rural, give location) 8-03		
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH Nov 11, 1951		9. AGE (In years last birthday) 13
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10B. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (State or foreign country) Baltimore, Md		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Vernon Grimes			14. MOTHER'S MAIDEN NAME Theresa Lonigro		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. none	17. INFORMANT ADDRESS		

18. 760.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Attacks	CAUSE OF DEATH (A) Attacks DUE TO	INTERVAL BETWEEN ONSET AND DEATH 12 hrs
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. ?? Intracranial Hemorrhage	(B) ?? Intracranial Hemorrhage DUE TO (C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 21		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Nov 11, 1951 to Nov 11, 1951 , that I last saw the deceased alive on Nov 11, 1951 and that death occurred at 1:30 p.m. , from the causes and on the date stated above.					
23A. SIGNATURE Harold Joseph		23B. ADDRESS Sinai Hosp		23C. DATE SIGNED Nov 11, 51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 11-12-1951		24C. NAME OF CEMETERY OR CREMATORY HOLY REDEEMER	
24D. LOCATION (City, town, or county) 4430 BELAIR RD		24E. LOCATION (City, town, or county) 4430 BELAIR RD		24F. LOCATION (City, town, or county) 4430 BELAIR RD	
DATE RECEIVED BY LOCAL REGISTRAR NOV 12 1951		REGISTRAR'S SIGNATURE William H. Williams, M.D.		25. FUNERAL DIRECTOR ADDRESS Frank Della Coe 322 S. HIGH ST	



500
51 9740BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 9740

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

THUNE, CORA

2. DATE
OF
DEATH

11-12-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Franklin Square Hospital

c. Length of stay in Baltimore

not known

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

Yrs.
Mos.
Days10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

Housewife

13. FATHER'S NAME

Shick

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

-

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

16-01

D. STREET ADDRESS (If rural, give location)

6211 Belair Road

8. DATE OF BIRTH

9-24-1880

9. AGE (In years
last birthday)

71

H Under 1 Year
Months: DaysH Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Pa.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

14. MOTHER'S MAIDEN NAME

unbeknown

17. INFORMANT

ADDRESS

Mr. Ernest Thune, 6211 Belair Rd.

18. 260X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Diabetes mellitus

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

Atherosclerotic Cardiovascular

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)22. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE
WORK AT WORK22. I hereby certify that I attended the deceased from 10-23, 1951, to 11-12, 1951, that I last saw the
deceased alive on 11-12, 1951, and that death occurred at 2:10 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Ernest Thune

M. O. Franklin Sq. Hosp.

11-12-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

11/14/51

Parkwood, Gen

Balto. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 12 1951

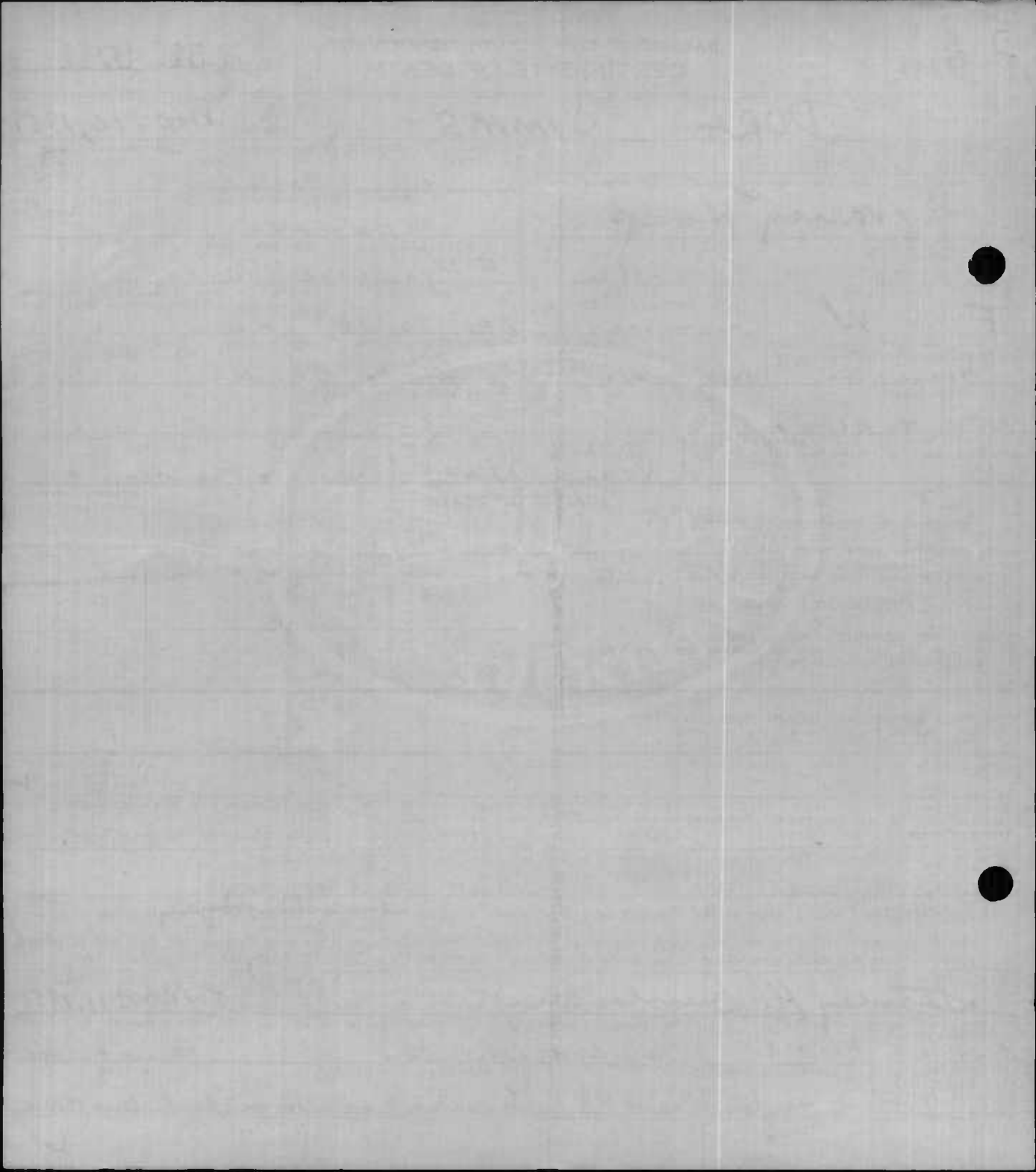
Huntington Williams, M.D.

Lassalle Funeral Home 7401 Belair Rd.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH				Registered No. <u>51 9741</u>	
BIRTH NO. <u>520</u> <u>9741</u>		1. NAME OF DECEASED (Type or Print) <u>DORA SIMMS</u>		2. DATE OF DEATH <u>Nov. 10, 1951</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) A. STATE <u>Md</u> B. COUNTY <u>Balto. Co</u>			
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Mercy Hosp</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Balto. Co</u>			
D. STREET ADDRESS (If rural, give location) <u># Providence Rd.</u>		E. DATE OF BIRTH <u>April 22, 1909</u>		F. AGE (In years last birthday) <u>42</u>	
G. SEX <u>F</u>		H. COLOR OR RACE <u>W</u>		I. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	
J. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		K. KIND OF BUSINESS OR INDUSTRY <u>own home</u>		L. BIRTHPLACE (State or foreign country) <u>Balto. Co. Md.</u>	
M. FATHER'S NAME <u>Wm H Alban</u>		N. MOTHER'S MAIDEN NAME <u>—</u>		O. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
P. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <u>No</u>		Q. SOCIAL SECURITY NO. <u>None</u>		R. INFORMANT ADDRESS <u>41 W. I. Simms # Providence Rd.</u>	
18. <u>E970.2</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>(A) Barbiturate poisoning</u> DUE TO				INTERVAL BETWEEN ONSET AND DEATH	
S. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <u>(B)</u> DUE TO					
T. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? <u>Providence Rd.-Baltimore County, Md.</u>	
21D. TIME (Month) (Day) (Year) (Hour) <u>Nov. 9, 1951-found 4:30PM</u>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? <u>Ingestion of barbiturate</u>	
22. I certify that I took charge of the remains described above, held an <u>Inspection & Inquiry</u> thercon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input checked="" type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE <u>Stanley H. Dunsacker</u>		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED <u>Nov. 11, 1951</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>11/13/51</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Providence Meth. Cem</u>	
24D. LOCATION (City, town, or county) (State) <u>Balto. Co Md.</u>		24E. FUNERAL DIRECTOR <u>Lussahn Funeral Home</u>		24F. ADDRESS <u>7401 Belair Rd.</u>	
DATE RECEIVED BY LOCAL REGISTRAR <u>NOV 12 1951</u>		REGISTRAR'S SIGNATURE <u>Stanley H. Dunsacker</u>		V S 151 <u>N 971.0</u>	

MEDICAL CERTIFICATION

16313 ✓



51 9742

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 9742
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOSEPH S. BOUDER

2. DATE
OF
DEATH

Nov. 12, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR 115 E. Melrose Ave.

INSTITUTION Long Green Nursing Home

Yrs.
Mos.
Days

C. Length of stay in Baltimore

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Nov. 19, 1868

9. AGE (in years
last birthday)

82

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Buyer

10B. KIND OF BUSINESS OR
INDUSTRY

Dept. Store

11. BIRTHPLACE (State or foreign country)

Pennsylvania

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Joseph F. Boudier

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

Aberdeen, Md.

Mr. Norman Boudier - 202 Parke St.

18. 153X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) DUE TO
(C)INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 25, 1951, to Nov 12, 1951, that I last saw the
deceased alive on Nov 12, 1951, and that death occurred at 12:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Removal

24B. DATE

11/13/51

24C. NAME OF CEMETERY OR CREMATORY

Greenwood Cem.

24D. LOCATION (City, town, or county)

Lancaster, Pa.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

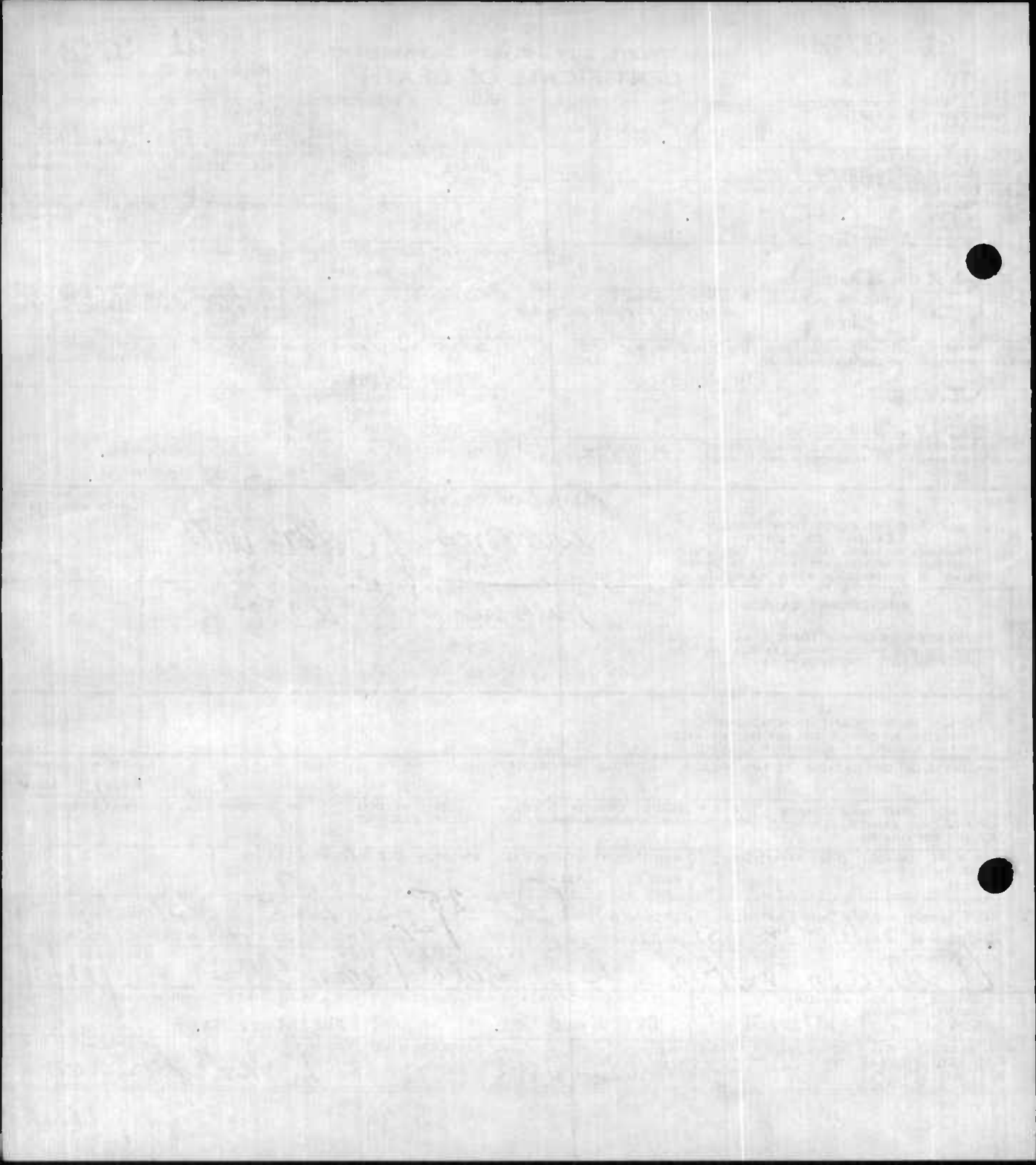
REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 13 1951

46 E. Balt 17, Md.



00

51 9743

51 9743

ND-83982

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

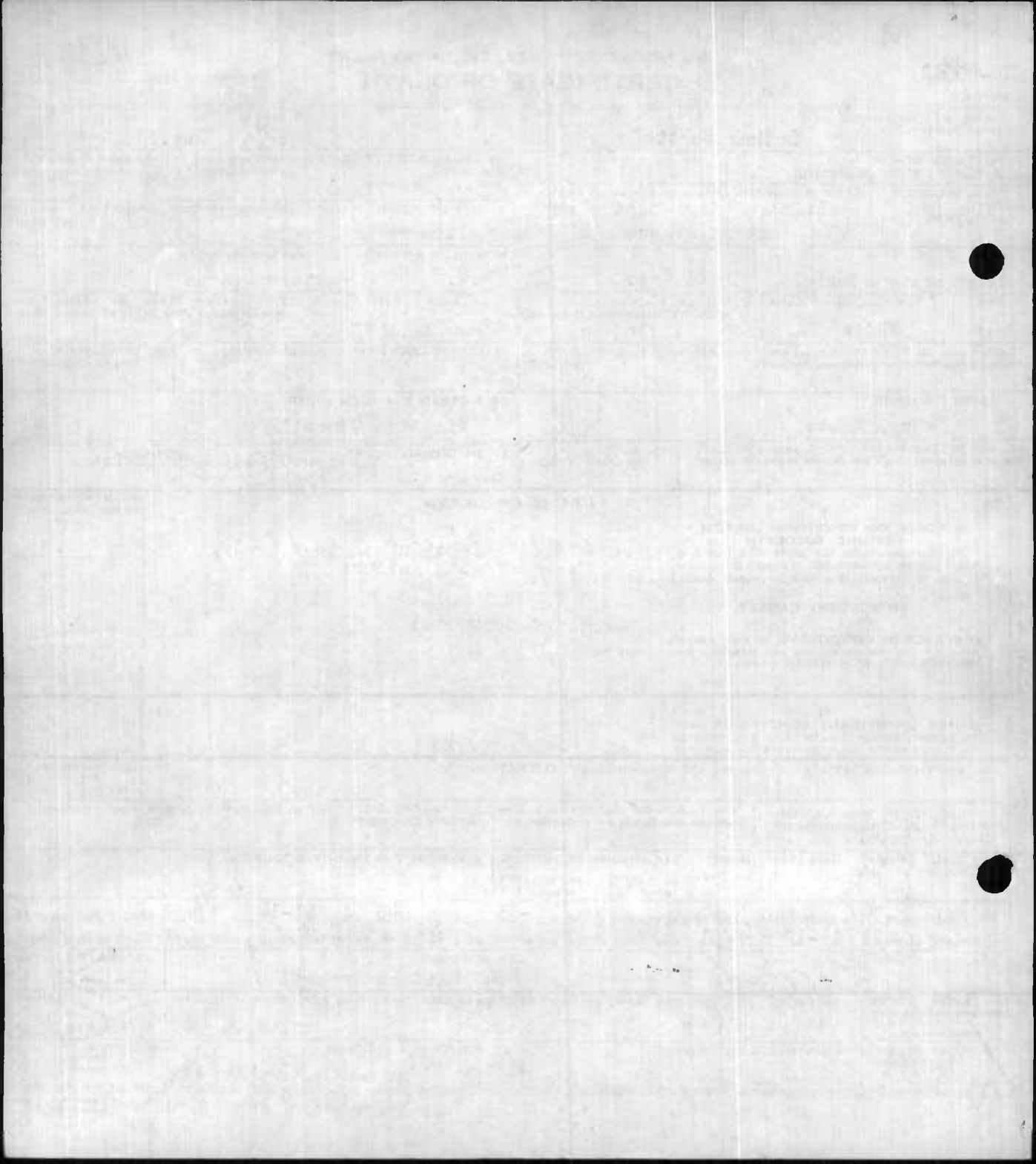
Registered No.

1. NAME OF DECEASED (Type or Print) Luther Scott		2. DATE OF DEATH Nov. 12, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or hospital or institution) Baltimore City Hospitals 4940 Eastern Avenue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 26-12	
c. Length of stay in Baltimore 21 Yrs. Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) B.C.H. 4940 Eastern Avenue	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH June 16, 1873
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		9. AGE (in years last birthday) 78 If Under 1 Year Months Days If Under 24 Hours Hours Min.	
10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Va.	
13. FATHER'S NAME George Scott		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		14. MOTHER'S MAIDEN NAME Virginia Council	
16. SOCIAL SECURITY NO.		17. INFORMANT Baltimore City Hospitals Records: 4940 Eastern Avenue	

18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	CAUSE OF DEATH (A) Arteriosclerotic cardio-vascular disease with failure DUE TO	INTERVAL BETWEEN ONSET AND DEATH 4 Yrs.
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) Bronchopneumonia DUE TO	1 Wk.
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 9-25 , 19 43 , to 11-12 , 19 51 , that I last saw the deceased alive on 11-12 , 19 51 , and that death occurred at 5:05 a.m. , from the causes and on the date stated above.		
23A. SIGNATURE <i>[Signature]</i> M.O.	23B. ADDRESS 4940 Eastern Avenue	23C. DATE SIGNED 11-12-51

24A. BURIAL, CREMATION, REMOVAL (Specify) Removal	24B. DATE 11/12/51	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State) Franklin, Virginia
DATE RECEIVED BY LOCAL REGISTRAR NOV 13 1951	REGISTRAR'S SIGNATURE <i>[Signature]</i>	25. FUNERAL DIRECTOR ADDRESS Wm J. Tichenor & Sons. 7 North Pa. Ave. - Balto. 17. Md. 937	



42
51 9744

51 9744

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

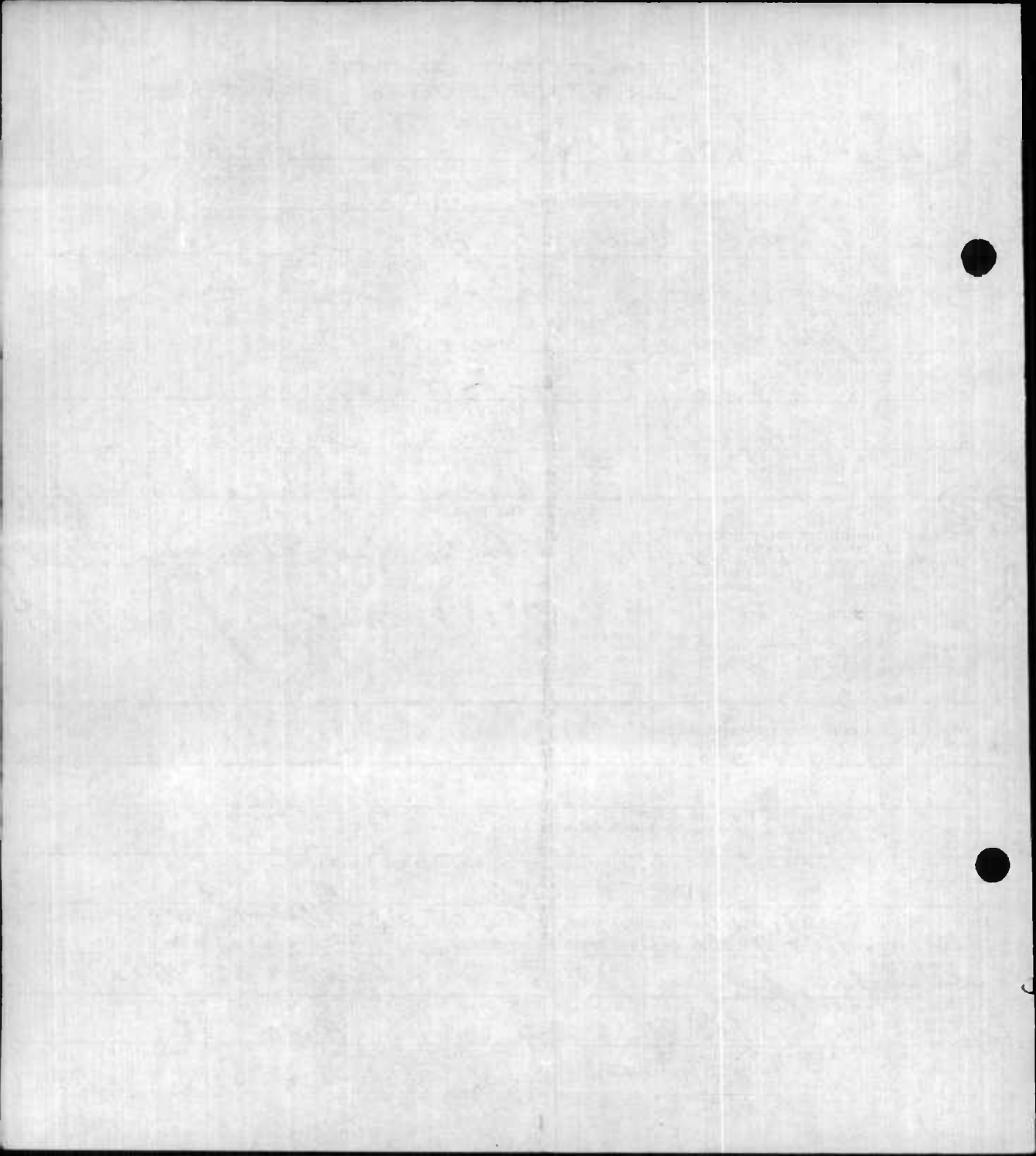
1. NAME OF DECEASED (Type or Print) BERNARD KOBYLSKI		2. DATE OF DEATH Nov. 9 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY _____	
B. FULL NAME OF (If not in hospital or institution, give street address or location) 225 S. Castle Street		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 2-01	
c. Length of stay in Baltimore Life Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) 225 S. Castle Street	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH March 25 1897
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labors		10B. KIND OF BUSINESS OR INDUSTRY Ind. Dry. Dock	9. AGE (In years last birthday) 54 If Under 1 Year: Months _____ Days _____ If Under 24 Hours: Hours _____ Min. _____
11. BIRTHPLACE (State or foreign country) Baltimore		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Jurlian Kobylski		14. MOTHER'S MAIDEN NAME Agatha Buzzigroski	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) —		16. SOCIAL SECURITY NO. _____	
17. INFORMANT Ligora Kobylski		ADDRESS 225 S. Castle St	
18. 163X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Hypostatic Pneumonia CAUSE OF DEATH Coronary Lung INTERVAL BETWEEN ONSET AND DEATH 11/7/51 8/1/51			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Aug 15, 1951 , to Nov 5, 1951 , that I last saw the deceased alive on Nov 9, 1951 , and that death occurred at 4 P.m. , from the causes and on the date stated above.			
23A. SIGNATURE Willard L. Roover		23B. ADDRESS 801 S. Leeward St	
23C. DATE SIGNED 11/12/51			
24A. BURIAL, CREMATION, REMOVAL (Specify) Buried		24B. DATE Nov. 13/51	
24C. NAME OF CEMETERY OR CREMATORY St Stanislaus		24D. LOCATION (City, town, or county) (State) Balto. City	
DATE RECEIVED BY LOCAL REGISTRAR NOV 13 1951		REGISTRAR'S SIGNATURE Walter H. Williams	
25. FUNERAL DIRECTOR John M. Weber		ADDRESS 401 S. Chester St	

VS 150

9703U

477

MEDICAL CERTIFICATION



51 9745

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 9745

Registered No.

ND-153485

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Menasse Levy		2. DATE OF DEATH Nov. 11, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospital 4940 Eastern Avenue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 18-01	
D. STREET ADDRESS (If rural, give location) 826 1/2 W. Baltimore St.		5. SEX Male	
6. COLOR OR RACE White		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	
8. DATE OF BIRTH Jan. 15, 1881		9. AGE (In years last birthday) 70	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) unknown		10B. KIND OF BUSINESS OR INDUSTRY unknown	
11. BIRTHPLACE (State or foreign country) Iraq.		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13. FATHER'S NAME Abraham Levy (D)		14. MOTHER'S MAIDEN NAME Samsa Cohen (D)	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Baltimore City Hospital Records: 4940 Eastern Avenue			

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) 5705 Coronary occlusion DUE TO	INTERVAL BETWEEN ONSET AND DEATH 2 Seconds
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Intestinal obstruction due to adhesions DUE TO	(over)
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION 10-28-51 11-5-51	19B. MAJOR FINDINGS OF OPERATION secondary closure of lysis of adhesions of the ileum wound disruption	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 10-28 , 19 51 , to 11-11 , 19 51 , that I last saw the deceased alive on 11-11 , 19 51 , and that death occurred at 12:25 p.m. , from the causes and on the date stated above.		
23A. SIGNATURE [Signature]	23B. ADDRESS 4940 Eastern Avenue	23C. DATE SIGNED 11-12-51

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Nov 13/51	24C. NAME OF CEMETERY OR CREMATORY Ohel Shalom Emity Donnell St	24D. LOCATION (City, town, or county) (State) North ave
DATE RECEIVED BY LOCAL REGISTRAR NOV 13 1951	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR Sol Leverson & Bros	

See Document File 51-9745 for answer to
underlying cause query

11/27/51 ES

140
51 9746BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 9746
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARY EMMA HAPPEL

2. DATE
OF
DEATH

Nov. 10, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Baptist Home of Maryland

c. Length of stay in Baltimore

87

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

none

10B. KIND OF BUSINESS OR
INDUSTRY

13. FATHER'S NAME

Alexander Hall Harris

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)A. STATE
Maryland

B. COUNTY

none

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

1615 Park Ave.

8. DATE OF BIRTH

Oct. 26, 1861

9. AGE (In years
last birthday)

90

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF
WHAT COUNTRY?

U. S.

14. MOTHER'S MAIDEN NAME

Nancy Garrett Hensley

17. INFORMANT

ADDRESS

Mrs. Edith Richardson - 1411 Linden Ave.

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) cardio vascular disease

DUE TO

about

18 mos.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) advanced arteriosclerosis

DUE TO

?

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 9, 1951, to Nov. 10, 1951, that I last saw the deceased alive on Nov. 9, 1951 and that death occurred at 3p. m., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

2220 Garrison Blvd.

23C. DATE SIGNED

10 - 12 - 51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

burial

24B. DATE

11 - 13 - 51

24C. NAME OF CEMETERY OR CREMATORY

Mt. Olivet

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

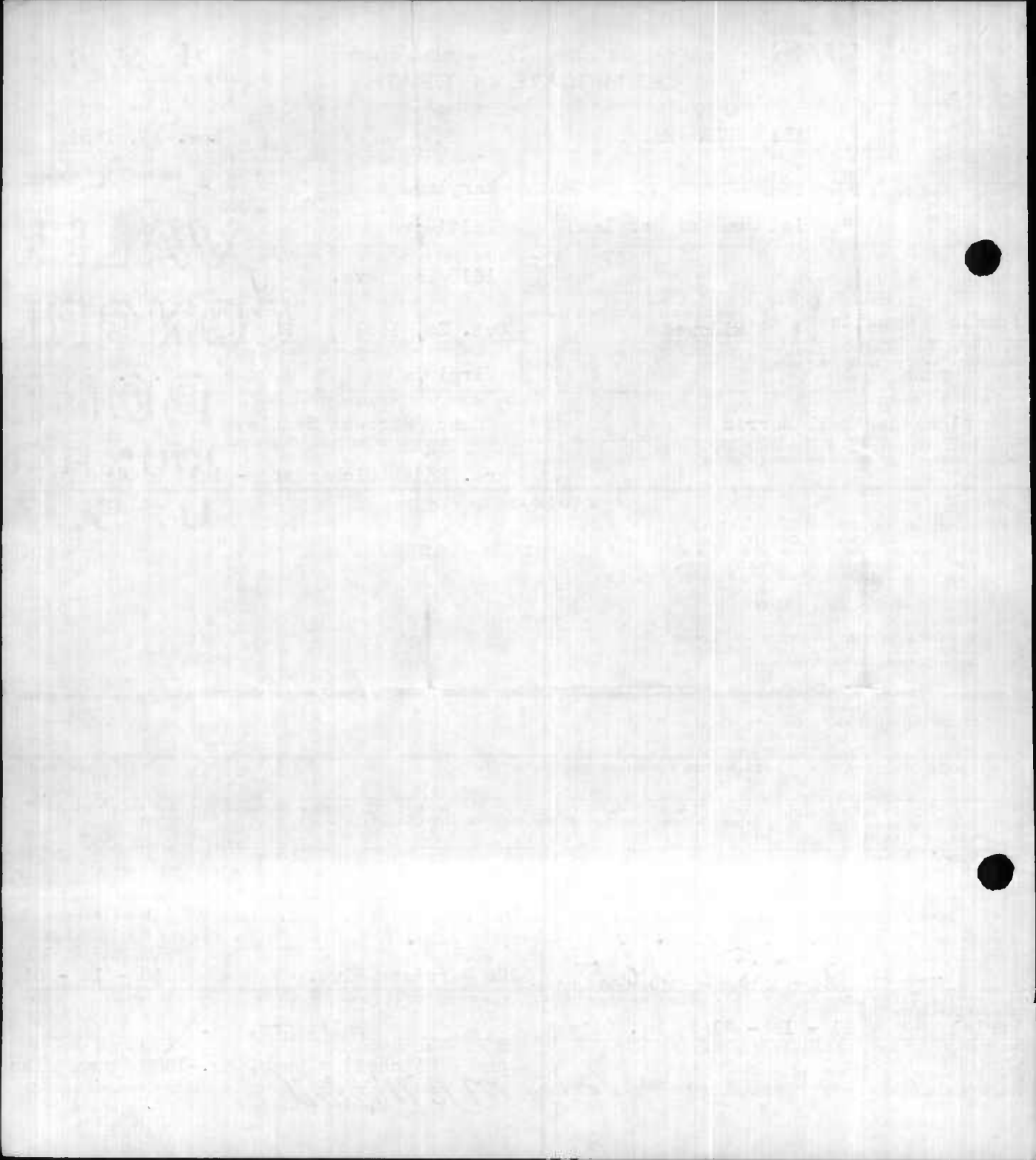
ADDRESS

John O. Mitchell & Sons, Inc. - 1900 Eutaw Place

NOV 13 1951

VS 150

93D



116
51 9747BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 9747
Registered No. _____

BIRTH NO. _____	
1. NAME OF DECEASED (Type or Print) Clara K. Kilbourn	
2. DATE OF DEATH Nov. 10th, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE 1816 Aiken Street	
C. Length of stay in Baltimore Life Yrs. Mos. Days	
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY City	
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 1816 Aiken Street	
5. SEX Female	
6. COLOR OR RACE White	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH Oct. 29th 1872	
9. AGE (In years, last birthday) 79 If Under 1 Year Months: Days If Under 24 Hours Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home	
10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Baltimore, Maryland	
12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Wolfgang Einwich	
14. MOTHER'S MAIDEN NAME Unknown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No (If yes, give war or dates of service) None	
16. SOCIAL SECURITY NO. None	
17. INFORMANT Mr. John W. Leyh ADDRESS 1816 Aiken Street	

18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Chronic Myocarditis DUE TO Arteriosclerotic Cardiovascular Disease DUE TO None		INTERVAL BETWEEN ONSET AND DEATH
I ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from June 6, 1951 , to Nov. 10, 1951 , that I last saw the deceased alive on Nov. 10, 1951 , and that death occurred at 12:30 pm. , from the causes and on the date stated above.					
23A. SIGNATURE James B. Wolfe		23B. ADDRESS 1331 North Ave		23C. DATE SIGNED 11.12.51	

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 11-13-51		24C. NAME OF CEMETERY OR CREMATORY Most Holy Redeemer		24D. LOCATION (City, town, or county) (State) Belair Rd. Balto: Md.	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE Washington Williams		25. FUNERAL DIRECTOR George J. Ruth, Inc.		ADDRESS -1735 Harford Avenue	

Nov 17, 1933

State of Illinois

County of Cook

City of Chicago

Illinois State

Illinois State

Illinois

Illinois State

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COPIES
MAILED

Illinois State

Illinois State

Illinois

Illinois

Illinois State

51 9748

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 9748

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

GEORGE

MOORE

2. DATE
OF
DEATH

Nov. 10, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS Hosp

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto. 8-07

D. STREET ADDRESS (If rural, give location)

1522 N. Washington St.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

About 1877

9. AGE (In years

last birthday)

about 74

11 Under 1 Year

Months: Days

12 Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired Sanitor

10B. KIND OF BUSINESS OR INDUSTRY

Balto. City Schools

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Edward Moore

14. MOTHER'S MAIDEN NAME

Margaret (Unknown)

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Vola Moore, Pennsauken N.J.

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Atherosclerotic

DUE TO

Cardiovascular disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

WHILE AT ☐NOT WHILE ☐

m.

AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry therewith and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Stanley B. Dunderberg

23B. CHIEF MEDICAL EXAMINER ☐ASSISTANT MEDICAL EXAMINER ☒MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

Nov. 11, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

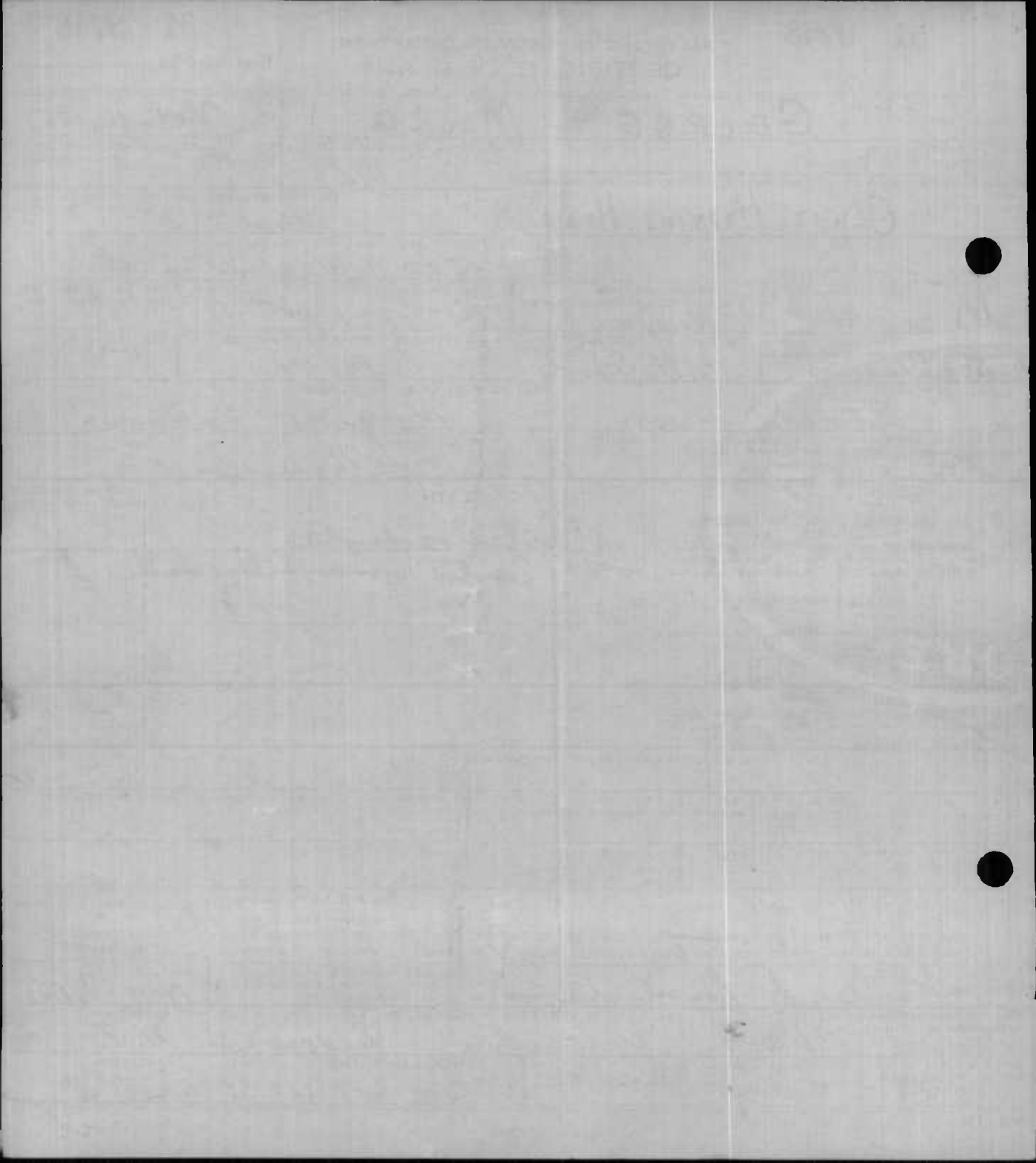
25. FUNERAL DIRECTOR

ADDRESS

NOV 13 1951

Stanley B. Dunderberg

Wm Cook Inc. 1217 St. Paul St.



263
51 9749BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 9749
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) JOHN J. MCCART		2. DATE OF DEATH NOV. 11, 1957	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION 1638 N. CALVERT		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto 12-05			
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 1638 N. Calvert			
5. SEX MALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH MAY 15, 1877	9. AGE (in years, last birthday) 74	10. Under 1 Year Months: Days: 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RET - ARMY MAN		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) BALT, MORE, MARYLAND	
13. FATHER'S NAME JOHN McCART		12. CITIZEN OF WHAT COUNTRY?			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) YES		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS MARY McC. MAGROGAN, 2803 BRENDA AVE.	
15. (If yes, give war or dates of service) SPANISH & W.W.I					

18. **420.0**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) **Coronary Occlusion**
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Arteriosclerotic**
DUE TO
(C) **Heart Disease**II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
None

19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **Inspection + Inquiry** from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☒

23C. DATE SIGNED

Nov. 11, 1957

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

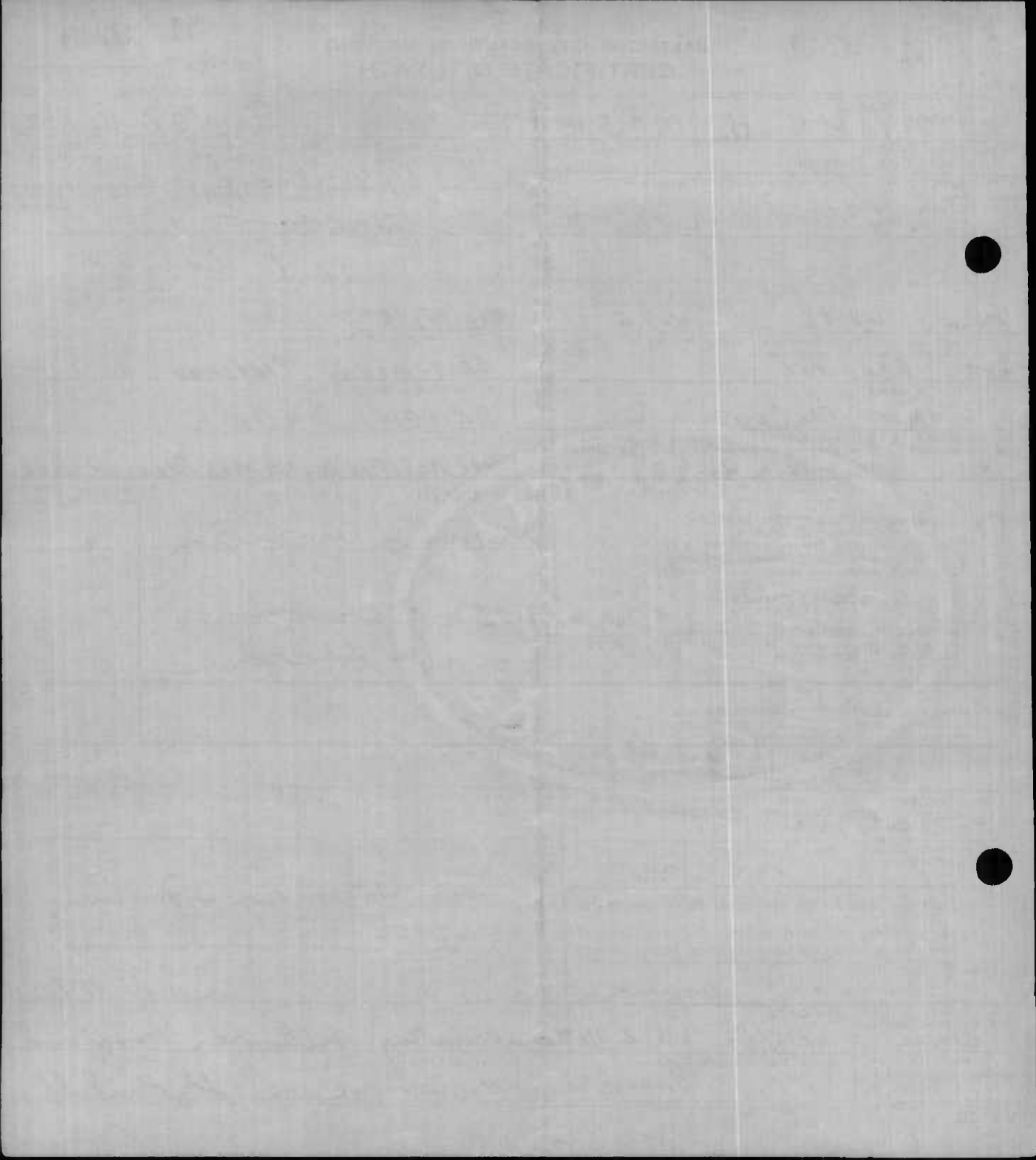
24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS



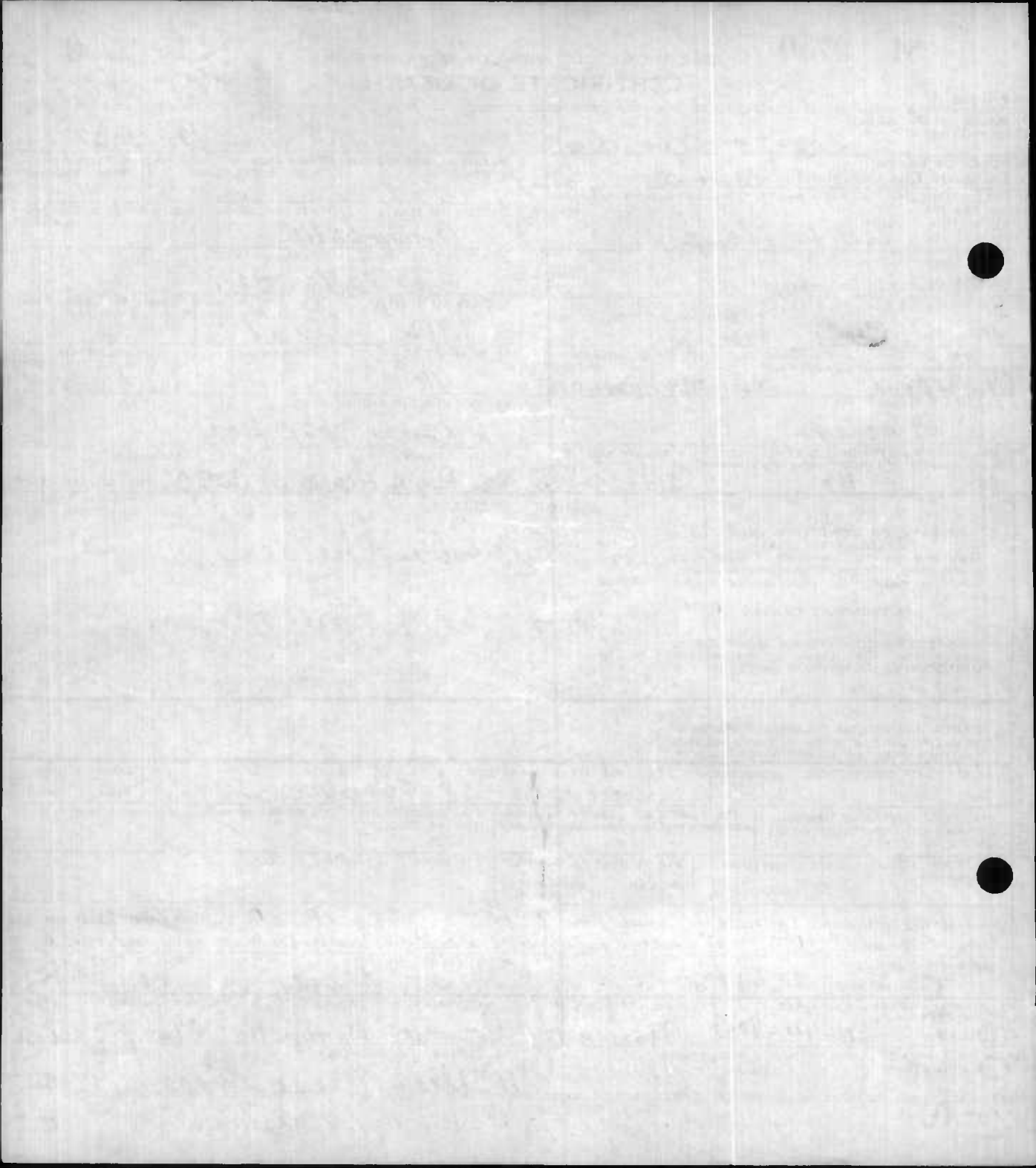
51 9750

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 9750
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Joseph Spencer</i>		2. DATE OF DEATH <i>11-10-51</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Balto</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY <i>Anne Arundel</i>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Univ. Hosp.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Annapolis</i>			
C. Length of stay in Baltimore <i>7</i>		D. STREET ADDRESS (If rural, give location) <i>23 Gotts Ct.</i>		<i>5210</i>	
5. SEX <i>M</i>	6. COLOR OR RACE <i>Col</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>2</i>	8. DATE OF BIRTH <i>1913</i>	9. AGE (In years last birthday) <i>38</i>	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Chauffeur</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Coal, Oil & Hardware</i>		11. BIRTHPLACE (State or foreign country) <i>Md.</i>	
12. CITIZEN OF WHAT COUNTRY? <i>USA.</i>		13. FATHER'S NAME <i>Thomas</i>		14. MOTHER'S MAIDEN NAME <i>Jusan Pindell</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>214-05-1934</i>		17. INFORMANT ADDRESS <i>Mrs Anna Harris 21 Gotts Court Anna, Md.</i>	
18. <i>150X</i>		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) <i>Metabolic Failure</i>			
ANTECEDENT CAUSES		DUE TO			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) <i>Gen. Ch of Lung + Esophagus</i>			
		DUE TO			
		(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION <i>Carcinoma of Esophagus</i>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>7-17-1951</i> , to <i>11-10-1951</i> , that I last saw the deceased alive on <i>11-10-1951</i> , and that death occurred at <i>6:30 pm.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Chas Watson</i>		23B. ADDRESS <i>Univ. Hosp</i>		23C. DATE SIGNED <i>11-12-51</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>11-14-1951</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Brewer Hill Cemetery</i>	
24D. LOCATION (City, town, or county) (State) <i>Annapolis, Maryland</i>		24E. NAME OF CEMETERY OR CREMATORY <i>Annapolis</i>		24F. LOCATION (City, town, or county) (State) <i>Maryland</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>Nov 13 1951</i>		REGISTRAR'S SIGNATURE <i>William Williams</i>		25. FUNERAL DIRECTOR ADDRESS <i>William Reese #108 N. Wash St</i>	

6836T Annapolis, Maryland

46a



36 51 9751

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 9751
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) George E. Hunter			2. DATE OF DEATH Nov. 9, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland 1907 Druid Hill Ave			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Md. B. COUNTY Baltimore		
B. FULL NAME OF HOSPITAL OR INSTITUTION X			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 14-0.3		
C. Length of stay in Baltimore About 25-30 Yrs Yrs. 25 Mos. 3 Days			D. STREET ADDRESS (If rural, give location) 1907 Druid Hill Ave.		
5. SEX M	6. COLOR OR RACE C	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 30, 1885	9. AGE (In years last birthday) 66	10. Under 1 Year Months: 0 Days: 0
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Waiter			10B. KIND OF BUSINESS OR INDUSTRY Hotel		
11. BIRTHPLACE (State or foreign country) Spring Mill, Va.			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME Charles Hunter			14. MOTHER'S MAIDEN NAME Annie		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT Katie J. Hunter			ADDRESS 1907 Druid Hill		

18. 003.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
	(A) Congestive Heart Failure DUE TO		6 Mo.
	(B) Pleural Effusion DUE TO		4 Mo.
(C) X			

19A. DATE OF OPERATION None		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) None	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from Aug 16, 1951 , to Nov. 9, 1951 , that I last saw the deceased alive on Nov. 9, 1951 , and that death occurred at 3 P. m. , from the causes and on the date stated above.				
22A. SIGNATURE Georg McDonald M. D.		22B. ADDRESS 844 N. Carey St.		22C. DATE SIGNED 11/12/51

24A. BURIAL, CREMATION, REMOVAL (Specify) Removal	24B. DATE Nov. 13-51	24C. NAME OF CEMETERY OR CREMATORY Lynchburg	24D. LOCATION (City, town, or county) (State) Va
DATE RECEIVED BY LOCAL REGISTRAR NOV 13 1951	REGISTRAR'S SIGNATURE James A. Hayes	25. FUNERAL DIRECTOR James A. Hayes ADDRESS 638 N. Belmor	

150
51 9752BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 9752
Registered No.

1. NAME OF DECEASED (Type or Print) JOSEPH GAUVIN			2. DATE OF DEATH November 11, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore		
B. FULL NAME OF (If not in hospital or institution, give street address or location) Union Memorial Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
C. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 807 Register Avenue		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 6, 1901	9. AGE (In years last birthday) 50	If Under 1 Year Months Days If Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Supervisor			10B. KIND OF BUSINESS OR INDUSTRY Western Electric Co.		
11. BIRTHPLACE (State or foreign country) Canada			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME Aubin Gauvin			14. MOTHER'S MAIDEN NAME Regina Casey		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. 216-03-0401		
17. INFORMANT Mrs. Loretta M. Gauvin, 807 Register Ave.			ADDRESS		

18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic Cardiovascular Disease DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (B) (C)			CAUSE OF DEATH Arteriosclerotic Cardiovascular Disease			INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.						
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) m. 55 INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?		
22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .						
23A. SIGNATURE R. S. Fisher		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED 11/12/51		
24A. BURIAL, CREMATION, REMOVAL (Specify) burial		24B. DATE 11/14/51		24C. NAME OF CEMETERY OR CREMATORY Moreland Park Cemetery		
DATE RECEIVED BY LOCAL REGISTRAR NOV 13 1951		REGISTRAR'S SIGNATURE Washington Williams, M.D.		24D. LOCATION (City, town, or county) (State) Parkville, Maryland		
25. FUNERAL DIRECTOR H. M. Cook, Inc.		ADDRESS 1217 St. Paul Street				

U. S. DEPARTMENT OF AGRICULTURE
BUREAU OF PLANT INDUSTRY
WASHINGTON, D. C.

1. Name of the plant or animal: *...*

2. Locality: *...*

3. Date of collection: *...*

4. Collector: *...*

5. Description: *...*

6. Remarks: *...*

7. Distribution: *...*

8. Uses: *...*

9. Other: *...*

10. *...*

11. *...*

12. *...*

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15. *...*

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100. *...*

51 9753

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 9753

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CARRIE WOODS

2. DATE
OF
DEATH

11-10-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

8. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

1406 N Central Ave

c. Month of stay in Baltimore

5. SEX

F

6. COLOR OR RACE

C

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Domestic

10B. KIND OF BUSINESS OR INDUSTRY

13. FATHER'S NAME

Eddie Davis

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Sarah Mitchell 1406 N. Central Ave

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Cerebral Vascular Accident

DUE TO

Hypertensive Cardiovascular Disease

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

Stanley B. Dunbar

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

Nov. 11, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

11-14-51

24C. NAME OF CEMETERY OR CREMATORY

Mt. Calvary

24D. LOCATION (City, town, or county)

D. A. County, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Thurston Williams

25. FUNERAL DIRECTOR

Joseph B. Lock, Jr. 1304 N. Central Ave

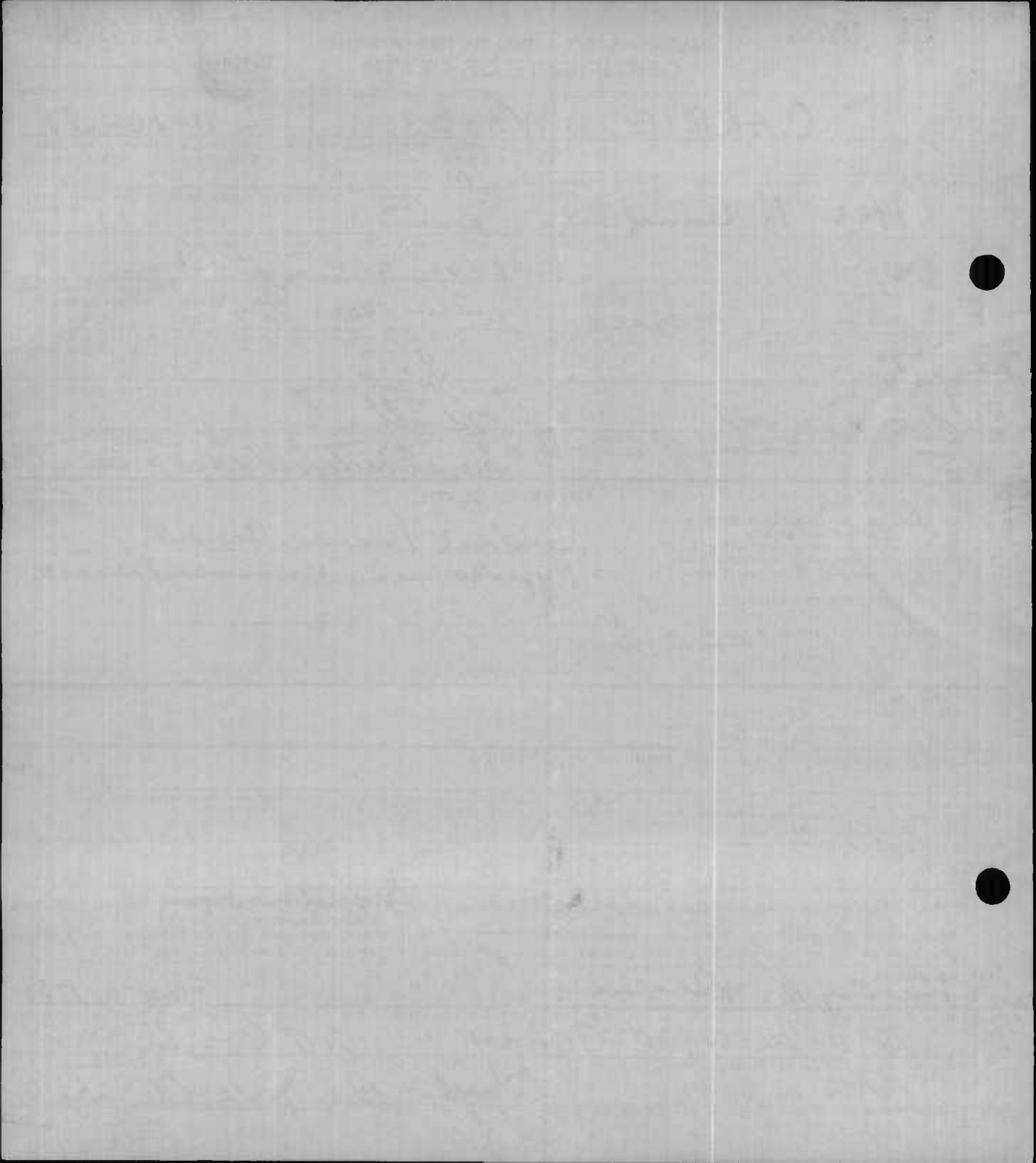
ADDRESS

NOV 13 1951

720 PA 11

937

MEDICAL CERTIFICATION



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. _____

BIRTH NO. _____		1. NAME OF DECEASED (Type or Print) <i>Smith, Annie</i>		2. DATE OF DEATH <i>11-12-51</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY _____			
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>University Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i> <i>4-02</i>			
C. Length of stay in Baltimore <i>45 yrs</i>		D. STREET ADDRESS (If rural, give location) <i>302 N. Pine St</i>			
5. SEX <i>F</i>	6. COLOR OR RACE <i>C.</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	B. DATE OF BIRTH <i>2-12-1895</i>	9. AGE (In years last birthday) <i>56</i>	If Under 1 Year Months: <i>9</i> Days: _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Housework</i>	11. BIRTHPLACE (State or foreign country) <i>Ala.</i>		12. CITIZEN OF WHAT COUNTRY? _____
13. FATHER'S NAME <i>Hanson Stevenson Ala.</i>		14. MOTHER'S MAIDEN NAME <i>Louise Ala.</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS		

18. <i>199.8</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH (A) <i>Carcinomatous tumor</i> DUE TO <i>undetermined</i> (B) _____ DUE TO _____ (C) _____	INTERVAL BETWEEN ONSET AND DEATH <i>?</i>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

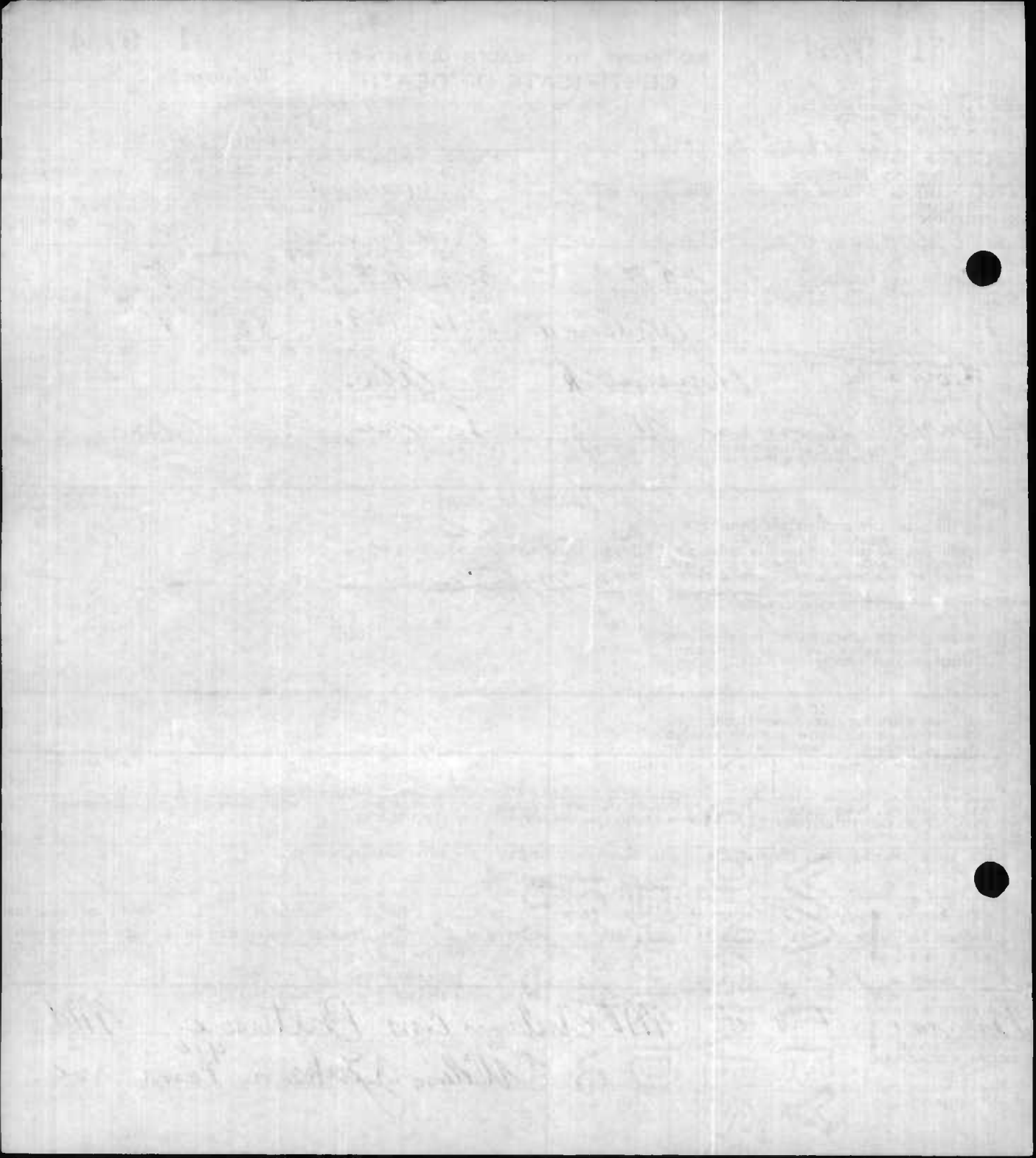
19A. DATE OF OPERATION <i>11-1-51</i>		19B. MAJOR FINDINGS OF OPERATION <i>nothing, only performed gastrostomy</i>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>11-1</i> , 19 <i>51</i> , to <i>11-12</i> , 19 <i>51</i> , that I last saw the deceased alive on <i>11-12</i> , 19 <i>51</i> , and that death occurred at <i>120 P</i> m., from the causes and on the date stated above.					
23A. SIGNATURE <i>Joseph C. Fitzgerald</i>		23B. ADDRESS <i>University Hosp.</i>		23C. DATE SIGNED <i>11-12-51</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE <i>11-14-51</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Mt. Auburn Cem</i>	24D. LOCATION (City, town, or county) (State) <i>Baltimore Md</i>		
DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR <i>William G. Jackson</i>		ADDRESS <i>916 Penna ave</i>	

MEDICAL CERTIFICATION

NOV 15 1951

7208A

55E



51 9755
M-500BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 9755
Registered No.

BIRTH NO.			1. NAME OF DECEASED (Type or Print) ABRAHAM CLINTON Mayo			2. DATE OF DEATH Nov 10, 1957		
3. PLACE OF DEATH: A. Baltimore City, Maryland 610 George St			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Baltimore B. COUNTY Md					
B. FULL NAME OF (If not in hospital or institution, give street address or location) 10 -			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) 610 George St 17-01			D. STREET ADDRESS (If rural, give location)		
C. Length of stay in Baltimore			Yrs. Mos. Days					
5. SEX M	6. COLOR OR RACE C	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 7-3-1923		9. AGE (In years last birthday) 28		If Under 1 Year Months: Days If Under 24 Hours Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cook			10B. KIND OF BUSINESS OR INDUSTRY Rest			11. BIRTHPLACE (State or foreign country) Georgia		
12. CITIZEN OF WHAT COUNTRY?			13. FATHER'S NAME Prince Albert Mayo - Ga			14. MOTHER'S MARDEN NAME Evelyn Adams. Ga		
15. WAS DECEASED EVER IN U. S. ARMED FORCES (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. 253-12-4329			17. INFORMANT Mrs Lula Robinson ADDRESS Newark Fairview N.J.		

18. **002X** CAUSE OF DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) **Pulmonary Tuberculosis**
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	

22. I certify that I took charge of the remains described above, held an **Inspection or Inquiry** thereon and from the evidence obtained by said **Autopsy, Inspection or Inquiry**, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE Stanley H. Durlacher M.D.		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED Nov. 11, 1957	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 11-16-57		24C. NAME OF CEMETERY OR CREMATORY Mt. Auburn Cem	
24D. LOCATION (City, town, or county) (State) Baltimore Md		25. FUNERAL DIRECTOR William Jackson		ADDRESS 96 Penna or	
DATE RECEIVED BY LOCAL REGISTRAR NOV 13 1957		REGISTRAR'S SIGNATURE William Jackson			

Received 11-15-01 Mt. Auburn Co. Baltimore Md.
William Jackson Jr. President

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

EMILY EMZABETH DUNPHY

2. DATE
OF
DEATH

Nov. 11, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

BALTIMORE 25

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

3806 FIFTH STREET

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

MARYLAND

B. COUNTY

BALTIMORE

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

TOWSON

D. STREET ADDRESS (If rural, give location)

501 W. JOPPA RD.

5300

c. Length of stay in Baltimore

5
Yrs.
Mos.
Days

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

SINGLE

8. DATE OF BIRTH

MAY 20, 1890

9. AGE (in years - last birthday)

61

If Under 1 Year Months: Days Hours: Min.

- - - -

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

HOUSEWIFE

10B. KIND OF BUSINESS OR INDUSTRY

AT HOME

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

JAMES E. DUNPHY

14. MOTHER'S MAIDEN NAME

MARY E. LEE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

NONE

17. INFORMANT

ADDRESS

FAMILY RECORDS & Sister

18. **420.1**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) ...

Heart disease, vascular, coronary occlusion - Sudden

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) ...

Heart disease, vascular, coronary (chronic anginal type)

1 year

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from **March 20, 1950**, to **Nov 11, 1951**, that I last saw the deceased alive on **Nov 5, 1951**, and that death occurred at **8:25 A.m.**, from the causes and on the date stated above.

23A. SIGNATURE

Bollin B. Hudson

23B. ADDRESS

Towson 4 Md

23C. DATE SIGNED

11/11/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

Nov. 14, 1951

24C. NAME OF CEMETERY OR CREMATORY

PROSPECT HILL CEM.

24D. LOCATION (City, town, or county)

TOWSON, MARYLAND

(State)

DATE RECEIVED BY LOCAL REGISTRAR

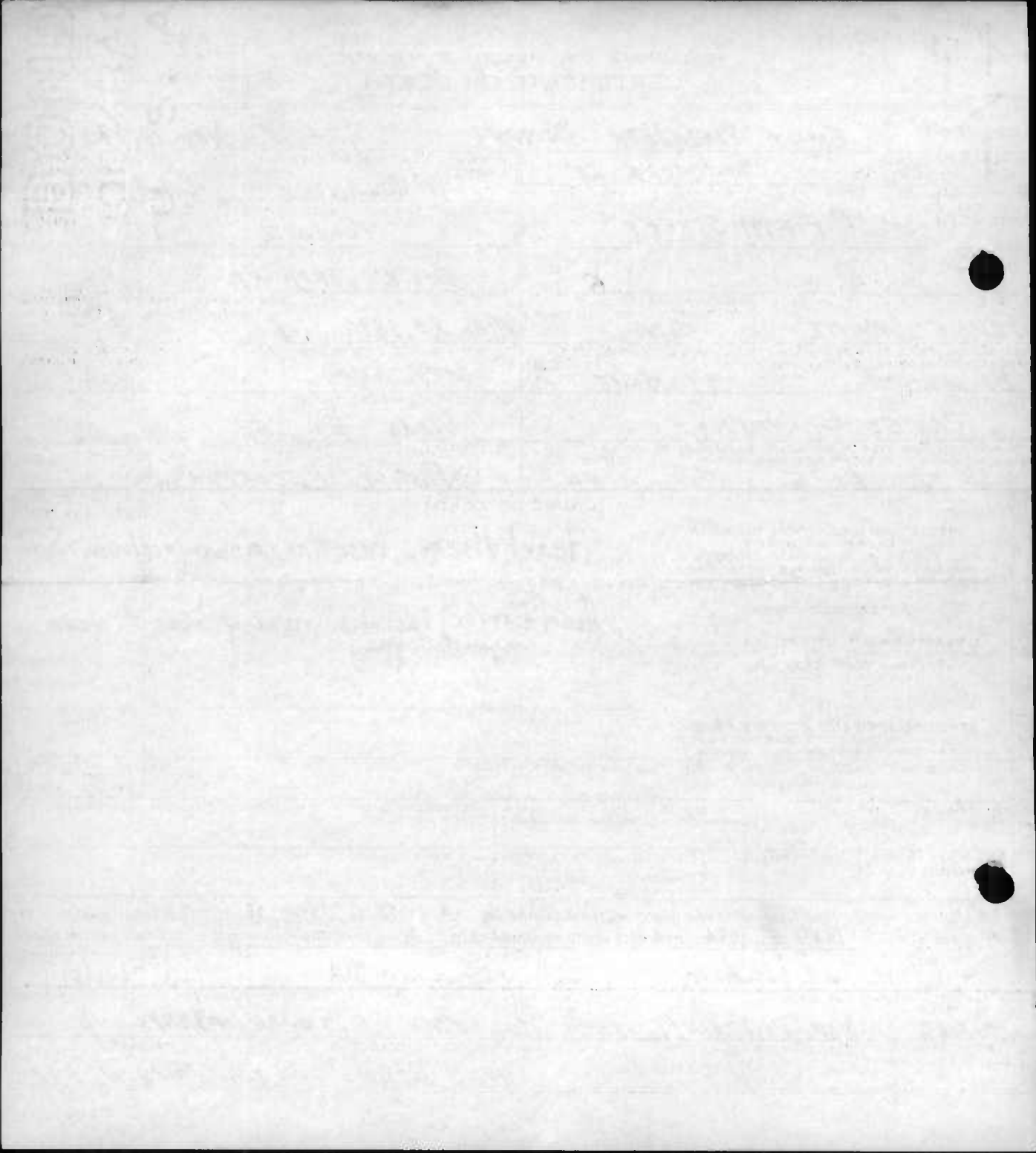
REGISTRAR'S SIGNATURE

John Burns' Sons, Towson, Md.

25. FUNERAL DIRECTOR

ADDRESS

JOHN BURNS' SONS, TOWSON, MD.



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

51 9757
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) ELIJAH LEE BURNHAM			2. DATE OF DEATH Nov. 9, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY _____		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 3200 Glendale Avenue			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 14 27-05		
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) 3200 Glendale Avenue		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widower	8. DATE OF BIRTH Feb. 25, 1870	9. AGE (In years - last birthday) 81	If Under 1 Year: Months _____ Days _____ If Under 24 Hours: Hours _____ Min. _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired - Gardner		10B. KIND OF BUSINESS OR INDUSTRY Private Grounds	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Elijah Burnham			14. MOTHER'S MAIDEN NAME Mary Lee		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT Lee Jenkins Burnham, 3200 Glendale Ave., Baltimore 14, Md.		

18. 331X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebrovascular Accident DUE TO (A) _____ ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Arteriosclerosis, venous. DUE TO (B) _____ (C) _____	CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH 6 mos. many yrs.
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. _____
	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) None	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) None	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____
21D. TIME (Month) (Day) (Year) (Hour) INJURY _____	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from June, 1951, to 9 Nov, 1951, that I last saw the deceased alive on 3 Nov, 1951, and that death occurred at 6 P. m. from the causes and on the date stated above.

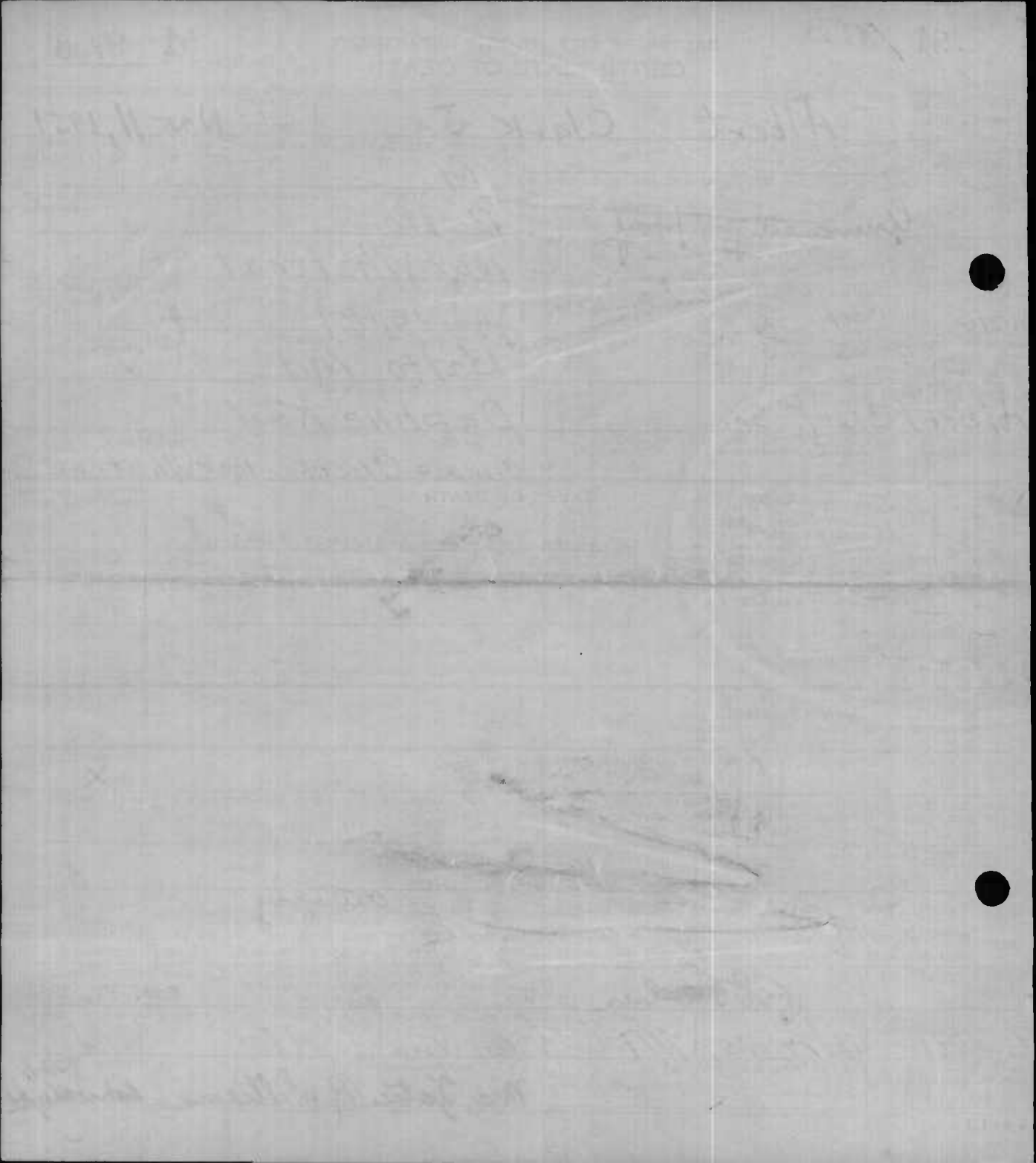
23A. SIGNATURE Edward L. May M.D. 23B. ADDRESS 7425 Harford Rd (4) 10 Nov 51 23C. DATE SIGNED _____

24A. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24B. DATE **Nov. 12, 1951** 24C. NAME OF CEMETERY OR CREMATORY **Druid Ridge Cemetery** 24D. LOCATION (City, town, or county) (State) **Pikesville, Maryland**

DATE RECEIVED BY LOCAL REGISTRAR **NOV 13 1951** REGISTRAR'S SIGNATURE Thurston Williams, M.D. 25. FUNERAL DIRECTOR **John Burns' Sons, Towson, Maryland** ADDRESS _____

WATERS
COMMONS
OF THE
COUNTY OF
MIDDLESEX

62 51 9758		BALTIMORE CITY HEALTH DEPARTMENT		51 9758	
		CERTIFICATE OF DEATH		Registered No.	
BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		Albert Clark Jr		Nov 11, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)			
		A. STATE		B. COUNTY	
5. FULL NAME OF (If not in hospital or institution, give street address or location)		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)			
University Hosp		Balto.		16-02	
6. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location)			
		1008 Whatcoat St			
7. SEX	8. COLOR OR RACE	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	10. DATE OF BIRTH	11. AGE (in years last birthday)	12. If Under 1 Year Months: Days
Male	Col.		July 15, 1951		
13. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		14. KIND OF BUSINESS OR INDUSTRY		15. BIRTHPLACE (State or foreign country)	
				Balto. Md	
16. FATHER'S NAME		17. MOTHER'S MAIDEN NAME		18. CITIZEN OF WHAT COUNTRY?	
Albert Clark Sr.		Daphne Kee			
19. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		20. SOCIAL SECURITY NO.		21. INFORMANT ADDRESS	
				Minnie Clark 1008 Whatcoat St	
18. 475X 1		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) Acute upper respiratory infection			
ANTECEDENT CAUSES		(B)			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIB. <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour)		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> accident <input type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/>		23A. SIGNATURE		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>	
		R. R. Fisher		Nov. 11, 1951	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
Burial		11/14/1951		Mt. Auburn Cem. Balto.	
24D. LOCATION (City, town, or county) (State)		24E. FUNERAL DIRECTOR		24F. ADDRESS	
Md.		Mrs. Katie R. Williams		322 N. Schradley St	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		104a	
NOV 13 1951					



7-636 51 9759

51 9759

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

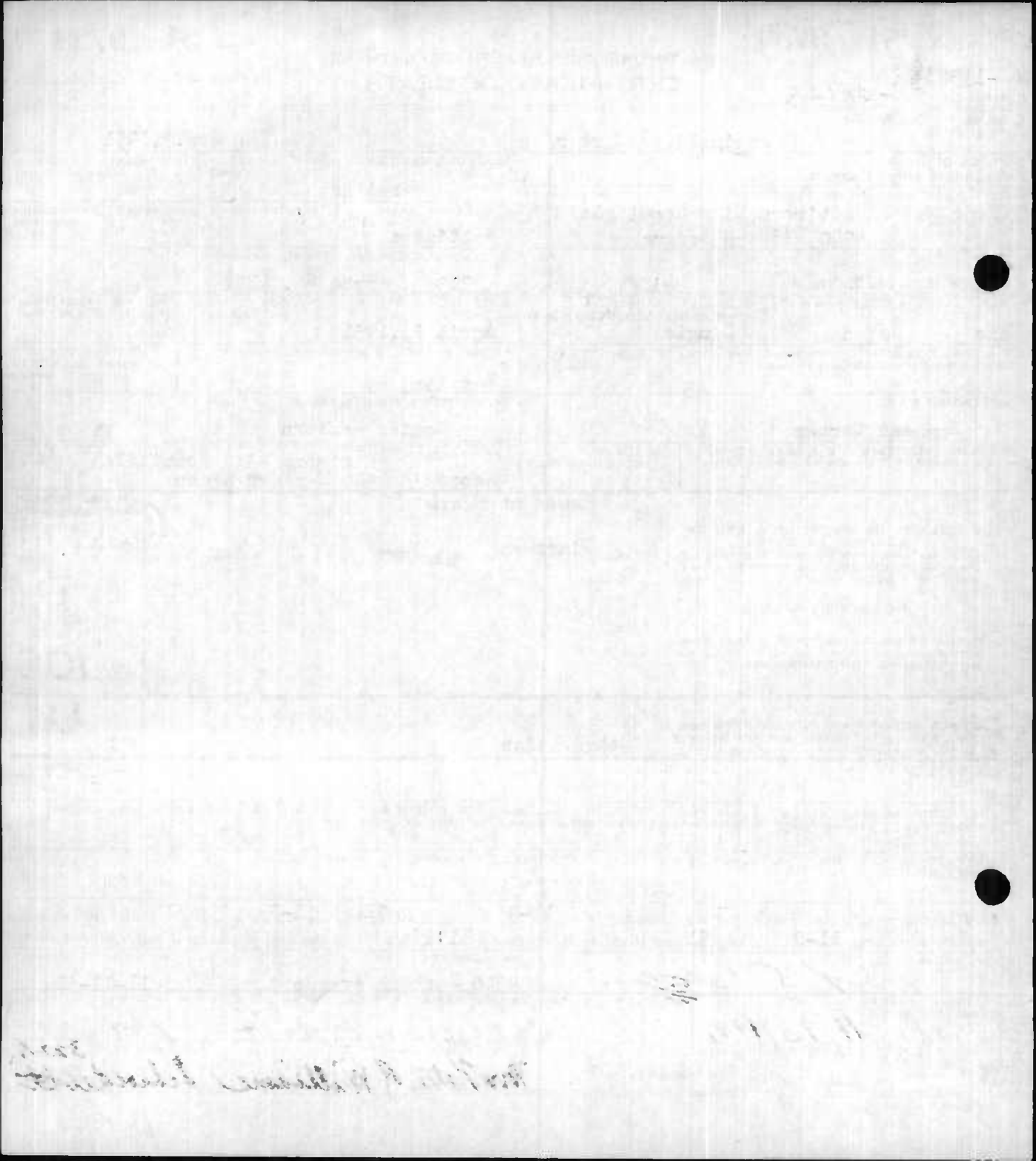
MD-153784

BIRTH NO. 51-08122

1. NAME OF DECEASED (Type or Print) Reginald(N) Carter			2. DATE OF DEATH Nov. 9, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Avenue			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 1902		
D. STREET ADDRESS (If rural, give location) 213 N. Bruce St. (23)					
c. Length of stay in Baltimore Life			Yrs. _____ Mos. _____ Days _____		
5. SEX Male	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH April 11, 1951		9. AGE (In years last birthday) 6
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Raymond Carter			14. MOTHER'S MAIDEN NAME Louise Newborn		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT Baltimore City Hospitals Records: 4940 Eastern Avenue		

18. 571.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Diarrhea		CAUSE OF DEATH (A) Diarrhea DUE TO	INTERVAL BETWEEN ONSET AND DEATH 2 Wks.
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) _____ DUE TO	
(C) _____			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Dehydration			?

19A. DATE OF OPERATION 2		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 11-9 , 19 51 to 11-9 , 19 51 , that I last saw the deceased alive on 11-9 , 19 51 and that death occurred at 11:15 a.m. , from the causes and on the date stated above.					
23A. SIGNATURE L.S. Poyen M. D.		23B. ADDRESS 4940 Eastern Avenue		23C. DATE SIGNED 11-11-51	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE 11/13/1951		24C. NAME OF CEMETERY OR CREMATORY W.H. Auburn Cem Balto.	
24D. LOCATION (City, town, or county) (State)		24E. FUNERAL DIRECTOR Mrs. Katie R. Williams		24F. ADDRESS 322 N. Schenck St.	
DATE RECEIVED BY LOCAL REGISTRAR NOV 15 1951		REGISTRAR'S SIGNATURE Wm. H. Williams			



30

51 9760

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 9760

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Ellen M. Howard

2. DATE
OF
DEATH

11/11/1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

29 Provident Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Balto.

D. STREET ADDRESS (If rural, give location)

342 Bloom St.

1403

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Jan. 18, 1912

9. AGE (In years last birthday)

39

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Teacher

10B. KIND OF BUSINESS OR INDUSTRY

Public School

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

Eva M. Moss

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

John H. Howard

ADDRESS 342 Bloom St.

18. 592X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Anemia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Chronic Glomerulonephritis

DUE TO

(C)

Malignant Hypertension

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

22. I hereby certify that I attended the deceased from Oct. 27, 1951, to Nov. 11, 1951, that I last saw the deceased alive on Nov. 1, 1951, and that death occurred at 4:45 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 13 1951

Washington Williams, Jr.

Mrs. Katie R. Williams

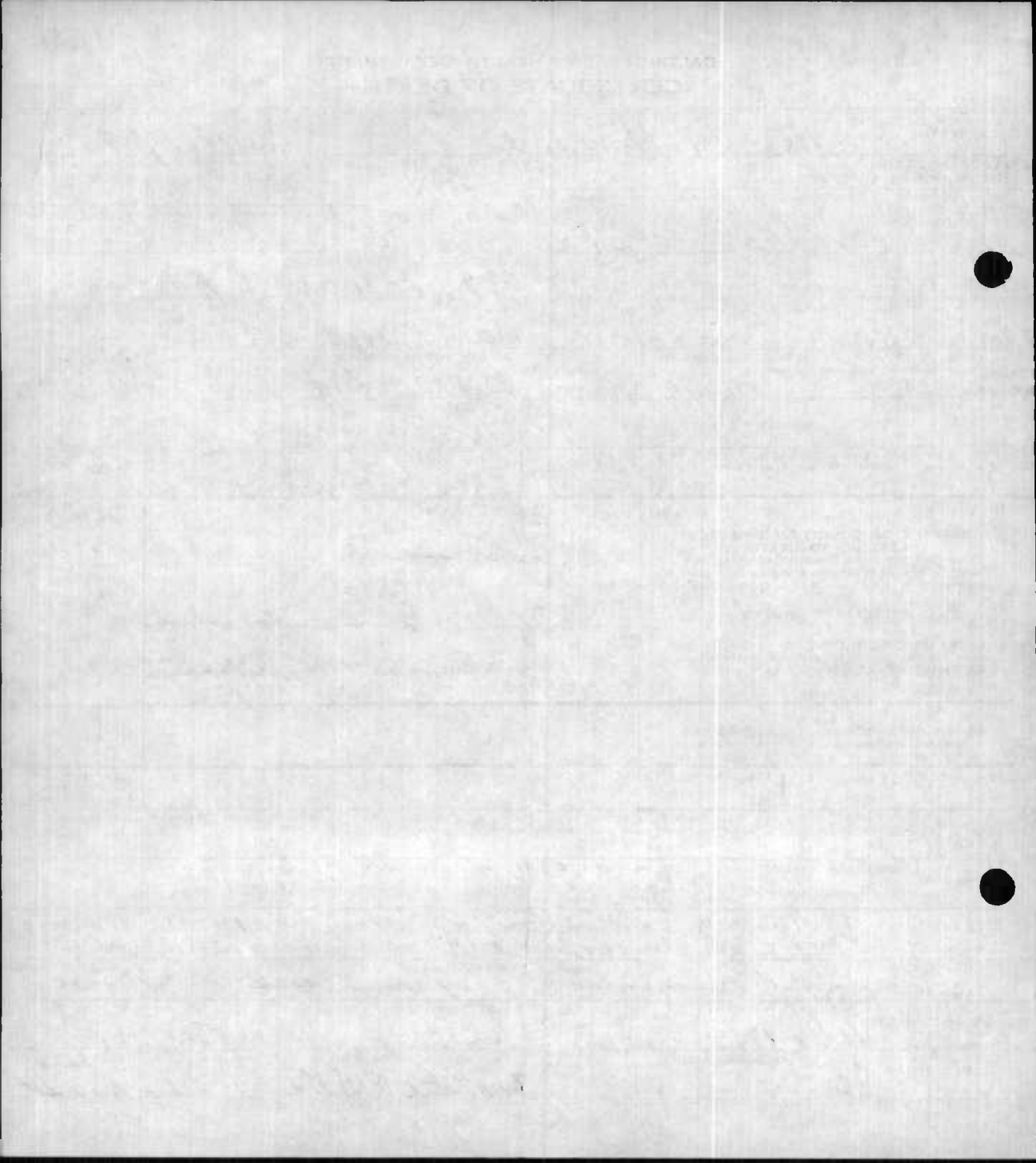
Schwaben St.

VS 150

0938V

131a

MEDICAL CERTIFICATION



51 9781

ND-153808

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 9781
Registered No.

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
Richard Holloman		Nov. 10, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
5. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Avenue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
6. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 15-04 1604 W. North Ave. (17)	
7. SEX Male	8. COLOR OR RACE Negro	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	10. DATE OF BIRTH Aug. 7, 1919
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		12. AGE (In years last birthday) 32	
13. FATHER'S NAME Richard Holloman		14. BIRTHPLACE (State or foreign country) Maryland	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) Yes, no or unknown		16. CITIZEN OF WHAT COUNTRY? Maryland	
17. SOCIAL SECURITY NO.		18. MOTHER'S MAIDEN NAME Carrie Fitzgerald	
19. INFORMANT Baltimore City Hospitals Records: 4940 Eastern Avenue		20. ADDRESS	

18. 237X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Possible Brain Tumor Duration of Symptoms 2 wks.		INTERVAL BETWEEN ONSET AND DEATH 2 wks.
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) ... (C) ...		
20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 11-9, 1951, to 11-10, 1951 that I last saw the deceased alive on 11-10, 1951, and that death occurred at 4 a.m., from the causes and on the date stated above.					
23A. SIGNATURE J. P. Hogan		23B. ADDRESS 4940 Eastern Avenue		23C. DATE SIGNED 11-10-51	

24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE 11/13/1951		24C. NAME OF CEMETERY OR CREMATORY Mt. Auburn Cem. Balto.		24D. LOCATION (City, town, or county) (State) Md.	
DATE RECEIVED BY LOCAL REGISTRAR NOV 13 1951		REGISTRAR'S SIGNATURE J. P. Hogan		25. FUNERAL DIRECTOR Mrs. Katie R. Williams		ADDRESS 322 N. Schreder St.	

Answer report dated 4/30/52

re answer to query

es.

4/30/52
Answer report dated 4/30/52

M-260.
51 9782BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 9762

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Martha Mc Cray

2. DATE
OF
DEATH

Nov. 11, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

UNIVERSITY Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

MARYLAND

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore 23

D. STREET ADDRESS (If rural, give location)

110 N. Amity ST.

C. Length of stay in Baltimore

46

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

C

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

1905

9. AGE (In years
last birthday)

46

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Bedford, Va..

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Charles Brown

14. MOTHER'S MAIDEN NAME

Myra Monroe.

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Bernard Mc Cray, 110 N. Amity St.

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Myocardial Infarction

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Hypertensive Cardio-Vascular Disease

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐
WORKNOT WHILE ☐
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-3, 1951, to 11-11, 1951, that I last saw the
deceased alive on 11-11, 1951, and that death occurred at 10 A. m., from the causes and on the date stated above.

23A. SIGNATURE

J. J. Borja

M. D.

23B. ADDRESS

UNIVERSITY Hospital

23C. DATE SIGNED

11/14/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

11/14/1951

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn Cem Balto.

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Theresa L. Williams

25. FUNERAL DIRECTOR

Mrs. Katie P. Williams

ADDRESS

322 N. Schenck St.

17

H620 51 9763

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 9763
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Elva Harris

2. DATE
OF
DEATH

Nov. 11, 1957

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence

A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTE

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1213 Madison Ave

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

5-28-14

9. AGE (In years
last birthday)

37

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Leon Wright

14. MOTHER'S MAIDEN NAME

Thamie Renee

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 203X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Multiple Myeloma

1+yr.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/8/1957, to 11/11/1957, that I last saw the
deceased alive on 11/11/1957, and that death occurred at 8:30 P. M., from the causes and on the date stated above.

23A. SIGNATURE

Dudley P. Jackson M.D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

11/11/57

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

Nov. 14/57

Catholics Mary Park

Baltimore Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 13 1957

Brooks Ruggold

14637

Cary

VALLEY
CONGRESS
BOND

M-324 51 9764

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 9764

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Albert Cannoll Mitchell

2. DATE
OF
DEATH

Nov 10, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Union Memorial Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Md

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3230 Kermit Rd. 13-05

C. Length of stay in Baltimore

69 yrs.

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

S

8. DATE OF BIRTH

June 18, 1882

9. AGE (in years
last birthday)

69

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Ordinary

10B. KIND OF BUSINESS OR
INDUSTRY

Hospital

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

William Mitchell

14. MOTHER'S MAIDEN NAME

Lucina Belt

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No unknown

16. SOCIAL
SECURITY NO.

—

17. INFORMANT

Clarence F. Crabson 3238 Resnick Road

ADDRESS

18. 420.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) arteriosclerotic aneurysm of distal
abdominal aorta with rupture into
peritoneally.

1 day

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) arteriosclerotic heart disease
DUE TO
(C) generalized arteriosclerosis

? years

? years

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Benign prostatic hypertrophy

? years

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 9 1951, to Nov 10 51, 1951, that I last saw the
deceased alive on Nov 10, 1951, and that death occurred at 6:25 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Alfred S. Nelson

M. D.

23B. ADDRESS

Union Memorial Hosp.

23C. DATE SIGNED

Nov 10, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Nov 13-1951

24C. NAME OF CEMETERY OR CREMATORY

Burd Ridge

24D. LOCATION (City, town, or county) (State)

Pikesville Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

25. FUNERAL DIRECTOR

Burgee Funeral Home 3631 Falk Road

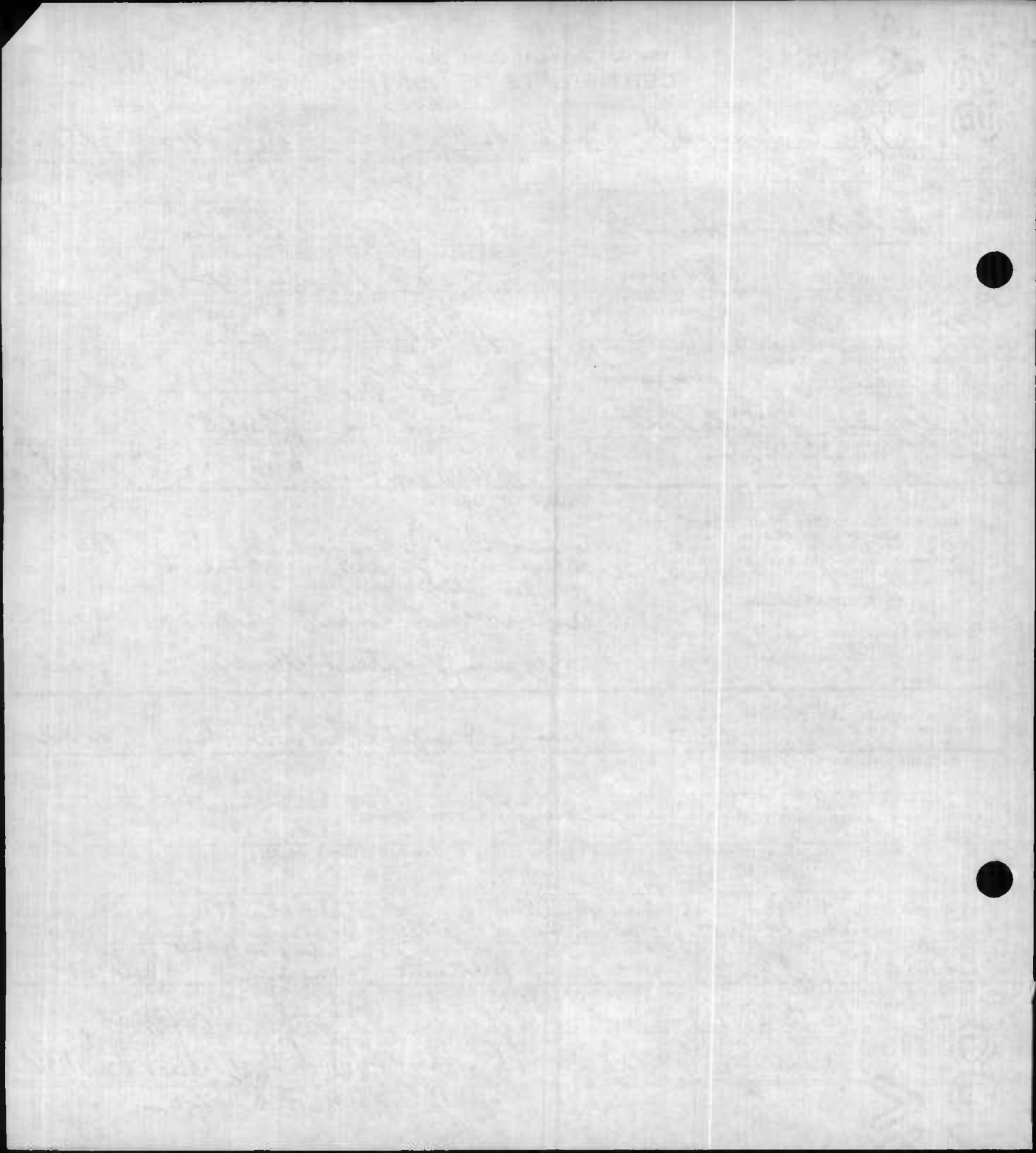
ADDRESS

VS 150

730 8 T

Norace F. Burgee 96

MEDICAL CERTIFICATION



-543 51 9765

51 9765

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

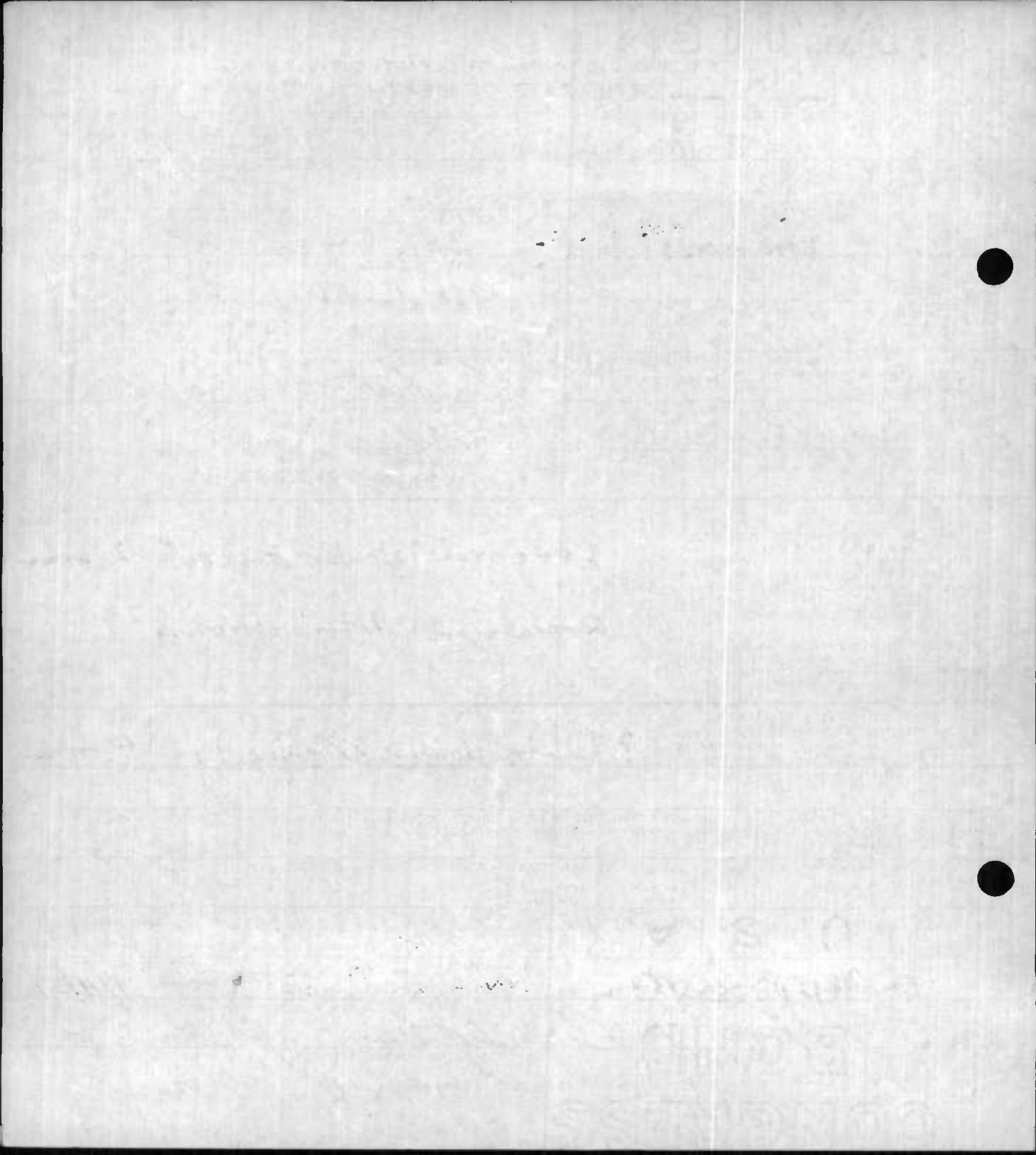
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) <i>Zeta Ceta Smallwood</i>		2. DATE OF DEATH <i>NOV 11 1951</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>MD.</i> B. COUNTY _____	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>		C. CITY OR TOWN, (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) <i>1031 N. Carey St 12-01</i>	
5. SEX <i>female</i>	6. COLOR OR RACE <i>colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>W.</i>	8. DATE OF BIRTH <i>4-9-82</i>
9. AGE (In years last birthday) <i>69</i>		10. UNDER 1 Year Months: _____ Days: _____ 11. UNDER 24 Hours Hours: _____ Min: _____	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Domestic</i>		10B. KIND OF BUSINESS OR INDUSTRY _____	
11. BIRTHPLACE (State or foreign country) <i>Panama, Chao. Co. Md.</i>		12. CITIZEN OF WHAT COUNTRY? _____	
13. FATHER'S NAME <i>Madison Thomas</i>		14. MOTHER'S MAIDEN NAME <i>Theresa Jones</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____	
17. INFORMANT <i>JOHNS HOPKINS HOSPITAL</i>		ADDRESS _____	

18. <i>331X and 010X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH (A) <i>Cerebral Vascular Accident</i> DUE TO (B) <i>Generalized Arteriosclerosis</i> DUE TO (C) _____	INTERVAL BETWEEN ONSET AND DEATH <i>2 min</i>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>? Tuberculous Meningitis</i>		<i>4 min</i>

19A. DATE OF OPERATION <i>11-11-51</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <i>9-12-</i> <i>1951</i> , to <i>11-11-</i> <i>1951</i> , that I last saw the deceased alive on <i>11-11-</i> <i>1951</i> , and that death occurred at <i>1:50 P.M.</i> , from the causes and on the date stated above.				
23A. SIGNATURE <i>Dudley P. Jackson M.D.</i>		23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		23C. DATE SIGNED <i>11/11/51</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>Nov. 14-1951</i>	24C. NAME OF CEMETERY OR CREMATORY <i>New Cathedral Cem.</i>	24D. LOCATION (City, town, or county) (State) <i>Balto. Md.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>NOV 13 1951</i>		25. FUNERAL DIRECTOR <i>Samuel W. Sullivan Jr.</i>		



51 9766

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 9766
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Ida M. Johnson</i>		2. DATE OF DEATH <i>Nov. 11/51</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>md.</i> B. COUNTY <i>md.</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>401 Forest St</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i> <i>5-02</i>	
C. Length of stay in Baltimore <i>38 yrs.</i>		D. STREET ADDRESS (If rural, give location) <i>401 Forest St. FORREST</i>	
5. SEX <i>F.</i>	6. COLOR OR RACE <i>Col.</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>Sept 2, 1873</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <i>78</i>
13. FATHER'S NAME <i>Beeth Armstrong</i>		14. MOTHER'S MAIDEN NAME <i>unknown</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT <i>William H. Bell</i>
		ADDRESS	

18. 331X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Cerebral Hemorrhage</i>		INTERVAL BETWEEN ONSET AND DEATH <i>5 days</i>
DUE TO (A) <i>Cerebral Hemorrhage</i>		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) <i></i>		
(C) <i></i>		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Nov 5</i> 19 <i>51</i> , to <i>14 Nov</i> , 19 <i>51</i> , that I last saw the deceased alive on <i>8 Nov</i> , 19 <i>51</i> , and that death occurred at <i>9 A</i> m., from the causes and on the date stated above.					
23A. SIGNATURE <i>d. e. Burwell</i>		23B. ADDRESS <i>121 Disqueith St</i>		23C. DATE SIGNED <i>11-13-51</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Nov 14/51</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Mt. Calvary Cem.</i>	
24D. LOCATION (City, town, or county) (State) <i>A. A. County Md.</i>		24E. LOCATION (City, town, or county) (State) <i>A. A. County Md.</i>		24F. LOCATION (City, town, or county) (State) <i>A. A. County Md.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>NOV 13 1951</i>		REGISTRAR'S SIGNATURE <i>William H. Bell</i>		25. FUNERAL DIRECTOR <i>Mrs. C. H. A. Edwards, Daughter</i>	
				ADDRESS <i>1129 N. Caroline St. #3a</i>	

MEDICAL CERTIFICATION

ALLEY

ACROSS

BOND

IN THE

STATE OF

NEW YORK

51 9767

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 9767

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Clinton K. Bowser

2. DATE
OF
DEATH

Nov. 9, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

28 University Hospital

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

male

negro

7. SINGLE, (MARRIED)
WIDOWED, DIVORCED (Specify)10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Steel Worker

10B. KIND OF BUSINESS OR
INDUSTRY

Bethlehem Steel

13. FATHER'S NAME

Kennie Bowser

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

?

16. SOCIAL
SECURITY NO.

?

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

Maryland Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 11-02

D. STREET ADDRESS (If rural, give location)

901 Park Avenue

8. DATE OF BIRTH

Aug 4, 1908

9. AGE (in years
last birthday)

43

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

11. BIRTHPLACE (State or foreign country)

North Carolina

12. CITIZEN OF
WHAT COUNTRY?

USA

14. MOTHER'S MAIDEN NAME

ola

17. INFORMANT

Pauline Palmer

ADDRESS

1037 W. Dred St

18. 446X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Essential Hypertension (malignant phase)

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

26 yrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) nephrosclerosis

DUE TO

(C) Uremia & encephalopathy

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Generalized Atheromatosis

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11 - 1, 1951, to 11 - 9, 1951, that I last saw the
deceased alive on Nov. 9, 1951, and that death occurred at 12:45 am., from the causes and on the date stated above.

23A. SIGNATURE

K. K. Skipton

23B. ADDRESS

University Hospital

23C. DATE SIGNED

11-9-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

Nov 13/51

24C. NAME OF CEMETERY OR CREMATORY

Heldon. N. Carolina

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Wm. J. Williams, Jr.

25. FUNERAL DIRECTOR

Mrs. Robert A. Elliott & Daughter

ADDRESS

1124 N. Caroline St

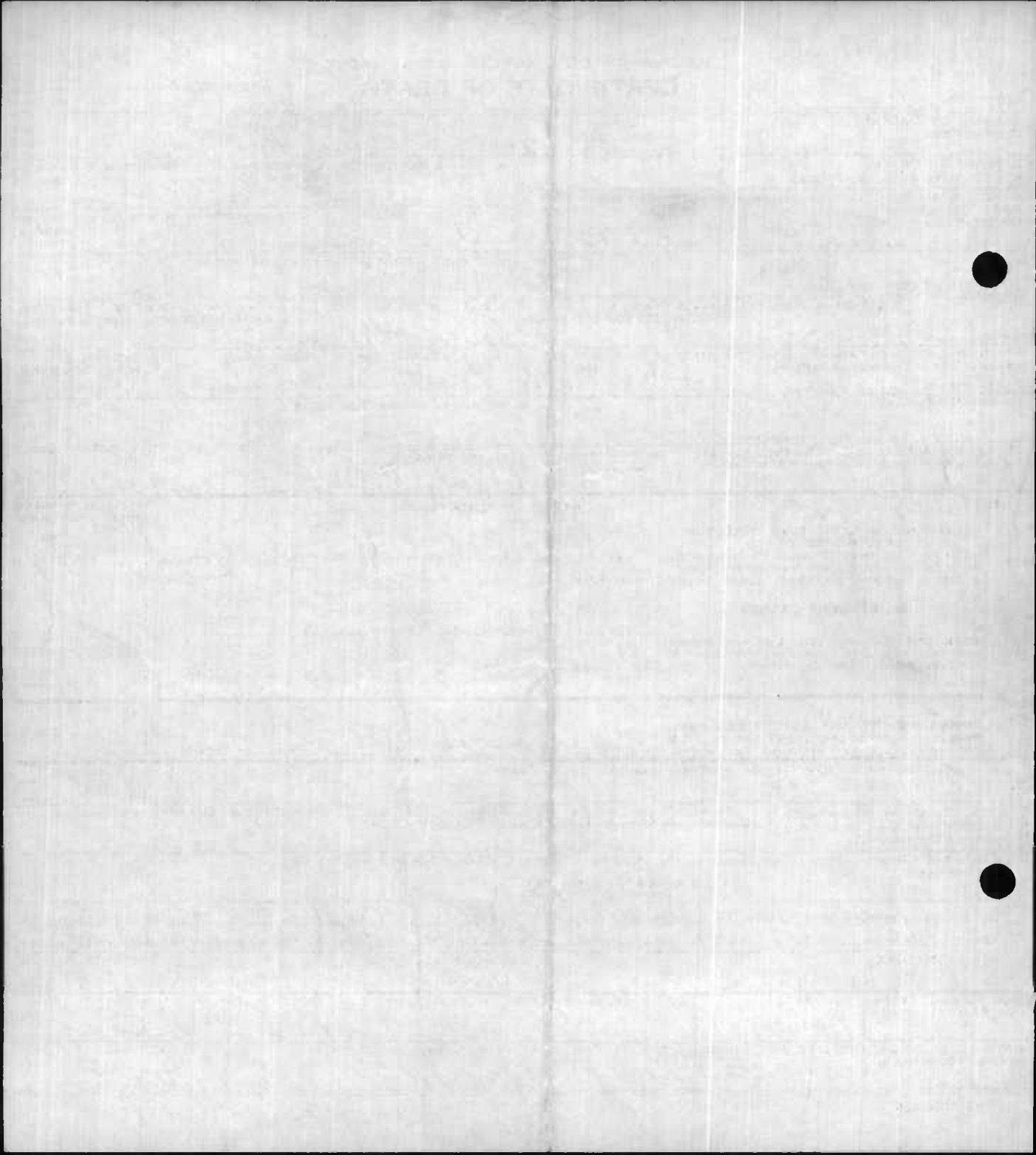
NOV 13 1951

VS 150

6903A

1124 N. Caroline St 131a

MEDICAL CERTIFICATION



400.
51 9768BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 9768

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mrs. Louise Faella (FAELLA)

2. DATE
OF
DEATH

11/9/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

St. Agnes Hospital

C. Length of stay in Baltimore

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore, Md.

D. STREET ADDRESS (If rural, give location)

1215 N. Bentlow ST.

16-05

5. SEX

F

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9-22-1880

9. AGE (In years last birthday)

71

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Nurse

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Italy

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

John Petolicchio

14. MOTHER'S MAIDEN NAME

Philomena

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Fanny Valeri

1861 24th ST. Wilm. Dela

18. 443X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Cerebrovascular Accident

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

12d

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

HTCVD

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

m.

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/11, 1951, to 11/9, 1951, that I last saw the deceased alive on 11/9, 1951, and that death occurred at 5:00 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

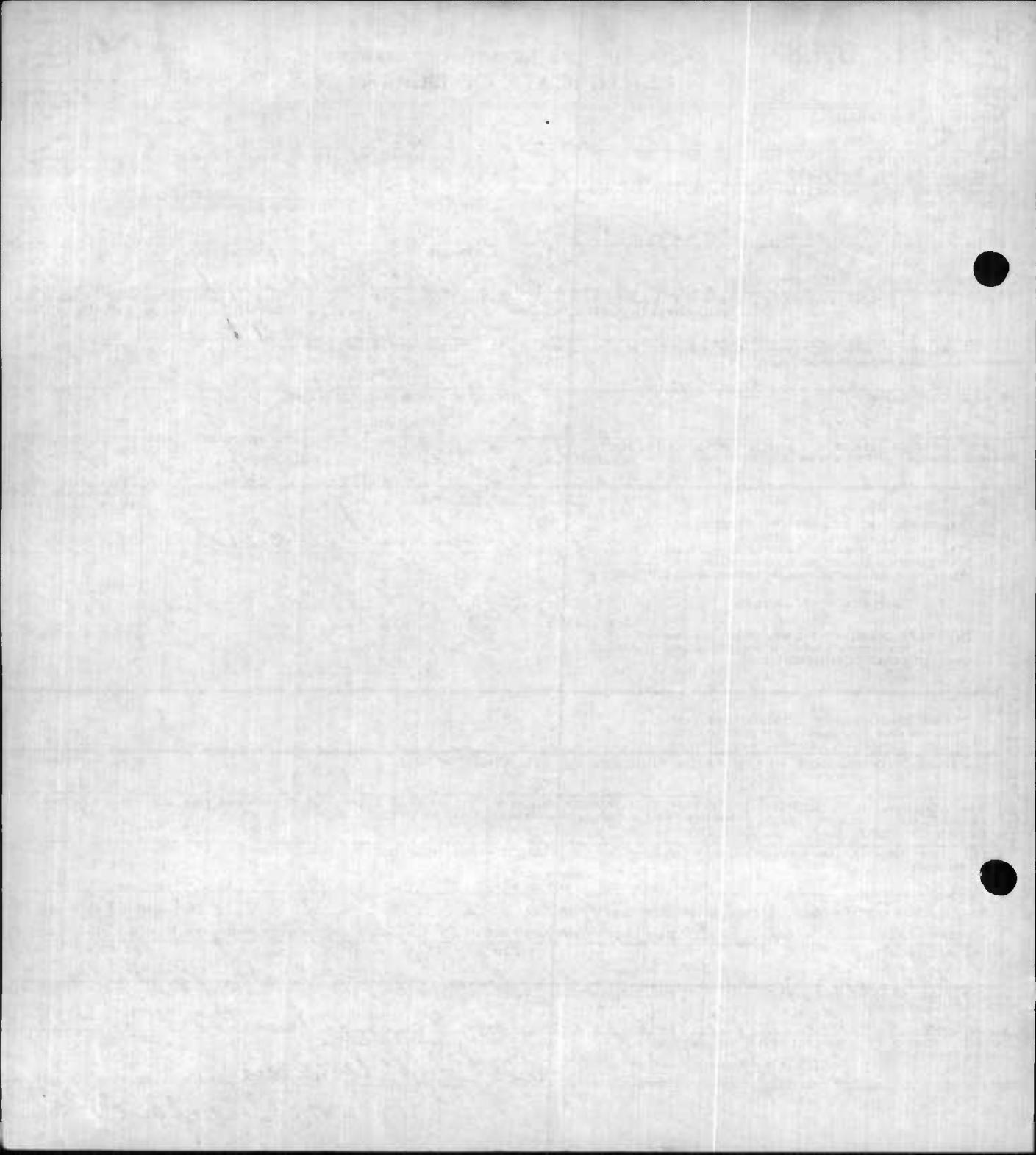
DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

937 6067 Luford Rd.



252
51 9769

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 9769
Registered No.

BIRTH NO.

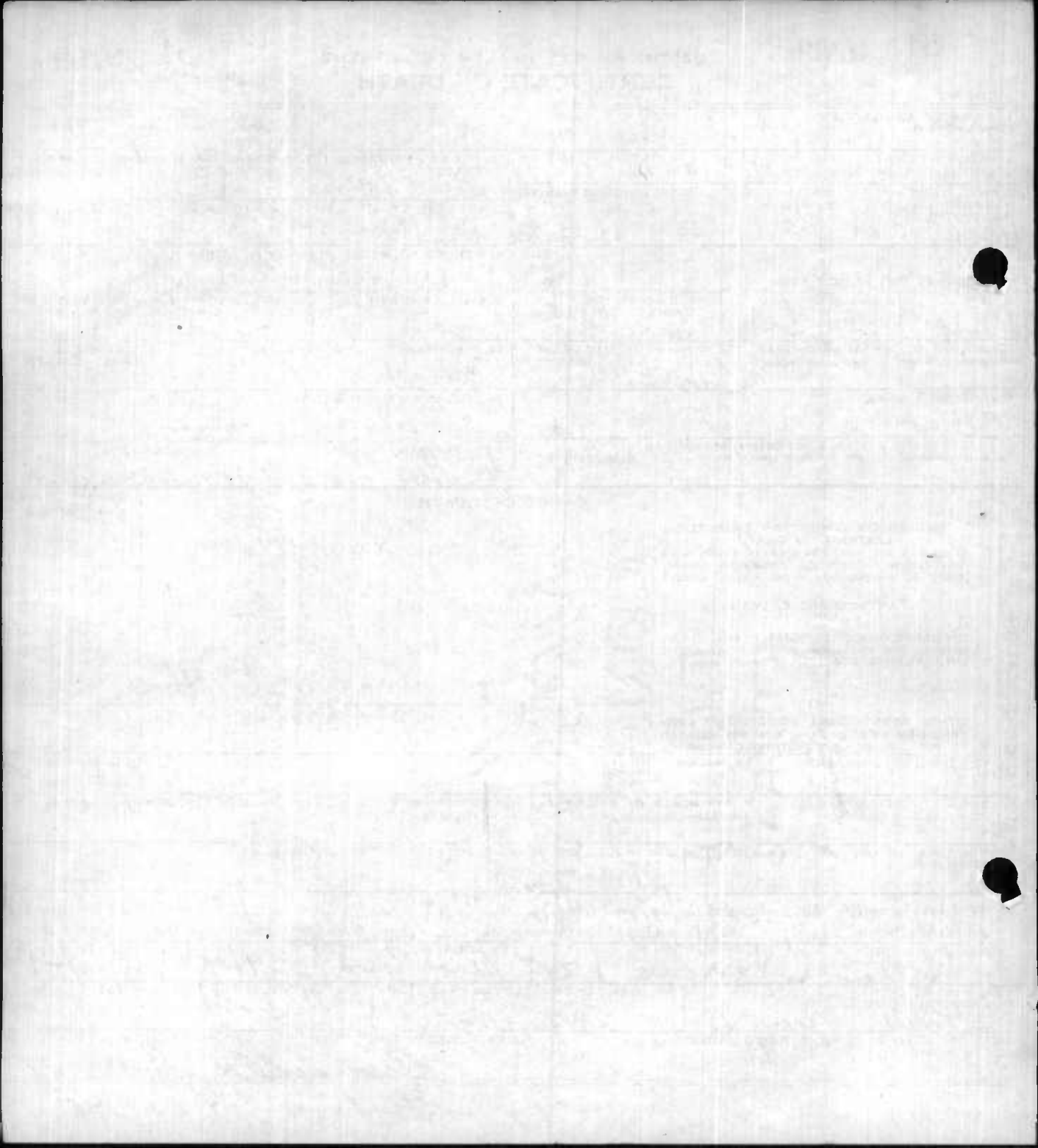
1. NAME OF DECEASED (Type or Print) <i>Howard R. Coggins</i>		2. DATE OF DEATH <i>11/10/51</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Baltimore</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Maryland General Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 9-04</i>	
D. STREET ADDRESS (If rural, give location) <i>2841 Greenmount Ave.</i>		Yrs. Mos. Days	
5. SEX <i>Male</i>		6. COLOR OR RACE <i>White</i>	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>		8. DATE OF BIRTH <i>November 29, 1885-63-</i>	
9. AGE (in years last birthday) <i>66</i>		10. UNDER 1 Year Months: Days 11. Under 24 Hours Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY <i>HAWKING-</i>	
11. BIRTHPLACE (State or foreign country) <i>Baltimore</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>Edward R. Coggins</i>		14. MOTHER'S MAIDEN NAME <i>Josephine Switzer</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Miss MAUD Coggins- 2841 GREENMOUNT AVE</i>		ADDRESS	

MEDICAL CERTIFICATION

18. <i>241X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH (A) <i>Pulmonary embolism</i> DUE TO (B) <i>Chronic cor pulmonale</i> DUE TO (C) <i>Chronic bronchial asthma and emphysema</i>	INTERVAL BETWEEN ONSET AND DEATH <i>15 min</i>
--	--	---

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>11/10, 1951</i> , to <i>4/10, 1951</i> , that I last saw the deceased alive on <i>11/10, 1951</i> , and that death occurred at <i>5:15 p.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>William C. Verrone</i>		23B. ADDRESS <i>Maryland Gen Hosp</i>		23C. DATE SIGNED <i>11/10/51</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>		24B. DATE <i>11-13-51</i>		24C. NAME OF CEMETERY OR CREMATORY <i>GREENMOUNT</i>	
24D. LOCATION (City, town, or county) (State) <i>city</i>		25. FUNERAL DIRECTOR <i>Heidfeld & Son</i>			
DATE RECEIVED BY LOCAL REGISTRAR <i>NOT 10-13-51</i>		REGISTRAR'S SIGNATURE <i>William C. Verrone</i>		ADDRESS <i>Greenmount x 22</i>	

97052 *Greenmount x 22*
112



-455 51 9770

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 9770
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) Nellie Margaret Heilman		2. DATE OF DEATH Nov. 12, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore			
B. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
C. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 513 Rossiter Avenue			
5. SEX Fe.	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 23, 1898	9. AGE (In years last birthday) 53	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hwfe.		10B. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (State or foreign country) Baltimore, Maryland	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME Edward J. Hunt			
14. MOTHER'S MAIDEN NAME Nellie Adams		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			
16. SOCIAL SECURITY NO.		17. INFORMANT Mr. Albert J. Heilman - Rossiter			
18. 585X		CAUSE OF DEATH			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) Generalized intestinal hemorrhage			
DUE TO		(B) Chronic choleangeitis			
DUE TO		(C)			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		INTERVAL BETWEEN ONSET AND DEATH			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONOITION CAUSING IT.					
19A. DATE OF OPERATION Oct. 27, 1951		19B. MAJOR FINDINGS OF OPERATION Chronic recurrent choleangeitis of liver		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 10/10/51 , 19 51 , to 11/12/1951 , that I last saw the deceased alive on 11/12/1951 and that death occurred at 2:30 P.M. from the causes and on the date stated above.					
23A. SIGNATURE H. A. Reese		23B. ADDRESS 1400 N. Caroline Street		23C. DATE SIGNED 11/12/51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 11-15-51		24C. NAME OF CEMETERY OR CREMATORY Parkwood	
24D. LOCATION (City, town, or county) Balto Md		24E. DATE RECEIVED BY LOCAL REGISTRAR Washington Williams, Jr.		24F. REGISTRAR'S SIGNATURE L. J. Luck	
24G. FUNERAL DIRECTOR L. J. Luck		24H. ADDRESS 5305 Mayford Rd		24I. SIGNATURE 127a	

GENERAL
AVIATION

51 9771

51 9771

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

MAUDE W. WEBSTER

2. DATE
OF
DEATH

11-12-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

(If not in hospital or institution, give street address or location)

Union Memorial Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

27-01

D. STREET ADDRESS (If rural, give location)

4605 Harcourt Rd-14.

C. Length of stay in Baltimore

?

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

11-11-95

9. AGE (in years
last birthday)

56

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

George W. Wallace

14. MOTHER'S MAIDEN NAME

Katie M. Gibes

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Edelen Webster - 4605 Harcourt

18. 550.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

1. Appendiceal abscess
2. Hydroneuritis and hydromphrosis
right secondary to #1

1 month

(B)

DUE TO

1 month

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐22. I hereby certify that I attended the deceased from 10-1, 1951, to 11-12, 1951, that I last saw the
deceased alive on 11-12, 1951, and that death occurred at 5:30A m., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

Alfred S. Nelson

Union Memorial Hosp.
Baltimore 18 Maryland

Nov. 12, 1951

24A. BURIAL, CREMA-
TION REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

11-14-51

St. Johns

Deals Island Md.

DATE RECEIVED BY: REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

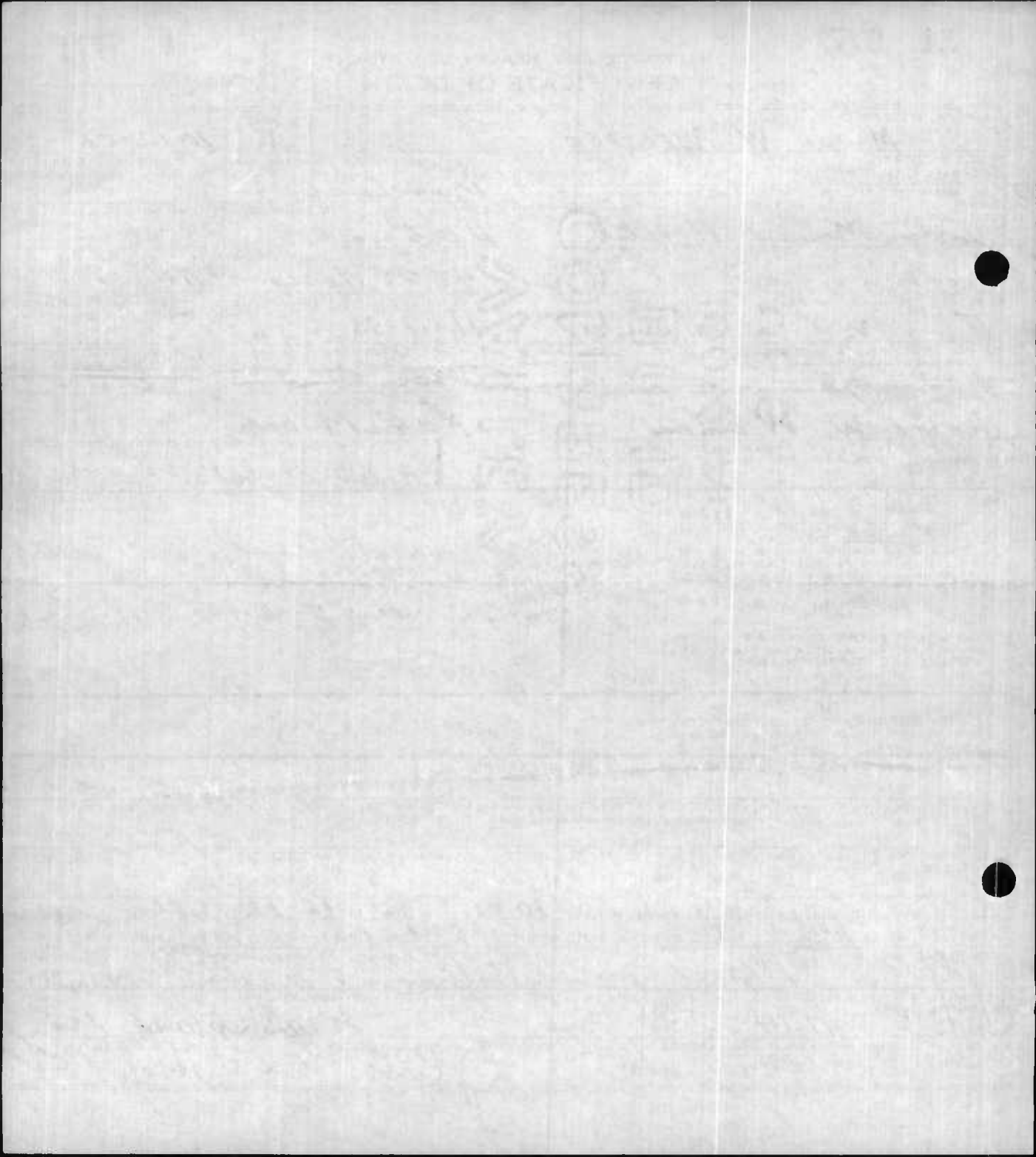
ADDRESS

LOCAL REGISTRAR

Washington Williams

L.J. Luck

5305 Harford Rd.



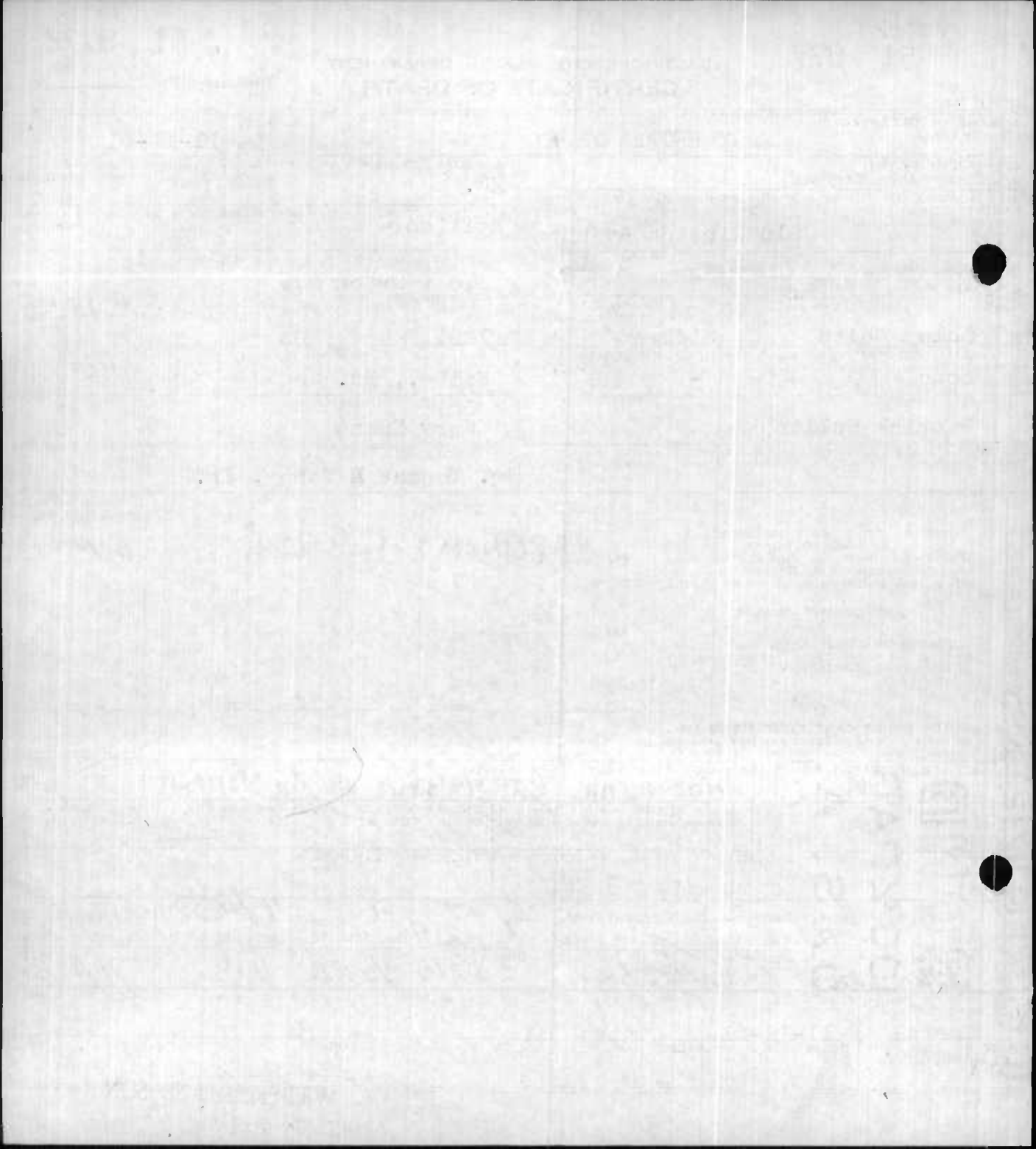
F-000
51 9772

51 9772

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		MARY REGENA FAHEY		11-11-51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
B. FULL NAME OF HOSPITAL OR INSTITUTION 816 Winston Avenue		Md. STATE B. COUNTY			
C. Length of stay in Baltimore		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
5. SEX Female		D. STREET ADDRESS (If rural, give location) 816 Winston Ave			
6. COLOR OR RACE White		8. DATE OF BIRTH 1887			
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed		9. AGE (in years last birthday) 63			
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10B. KIND OF BUSINESS OR INDUSTRY -		11. BIRTHPLACE (State or foreign country) Balto., Md.	
13. FATHER'S NAME Patrick Mullin		12. CITIZEN OF WHAT COUNTRY?			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME Mary Ruane	
18. 151X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH CARCINOMA of Stomach DUE TO INTERVAL BETWEEN ONSET AND DEATH 6 MOS		17. INFORMANT Mr. Thomas L Fahey, Jr.			
19. DATE OF OPERATION Oct. 2, 1951		19B. MAJOR FINDINGS OF OPERATION Inoperable Carcinoma of the Stomach			
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 8/27, 1951, to 11/11, 1951, that I last saw the deceased alive on 11/10, 1951, and that death occurred at 2 A. M., from the causes and on the date stated above.					
23A. SIGNATURE Anthony F. Carozza		23B. ADDRESS 5214 YORK Rd		23C. DATE SIGNED 11/12/51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 11-14-51		24C. NAME OF CEMETERY OR CREMATORY Cathedral	
24D. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR WIEDEFELD AND SON 46 B GREENMOUNT AVE. & 22nd ST.			



B-253

51 9773

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 9773

Registered No. _____

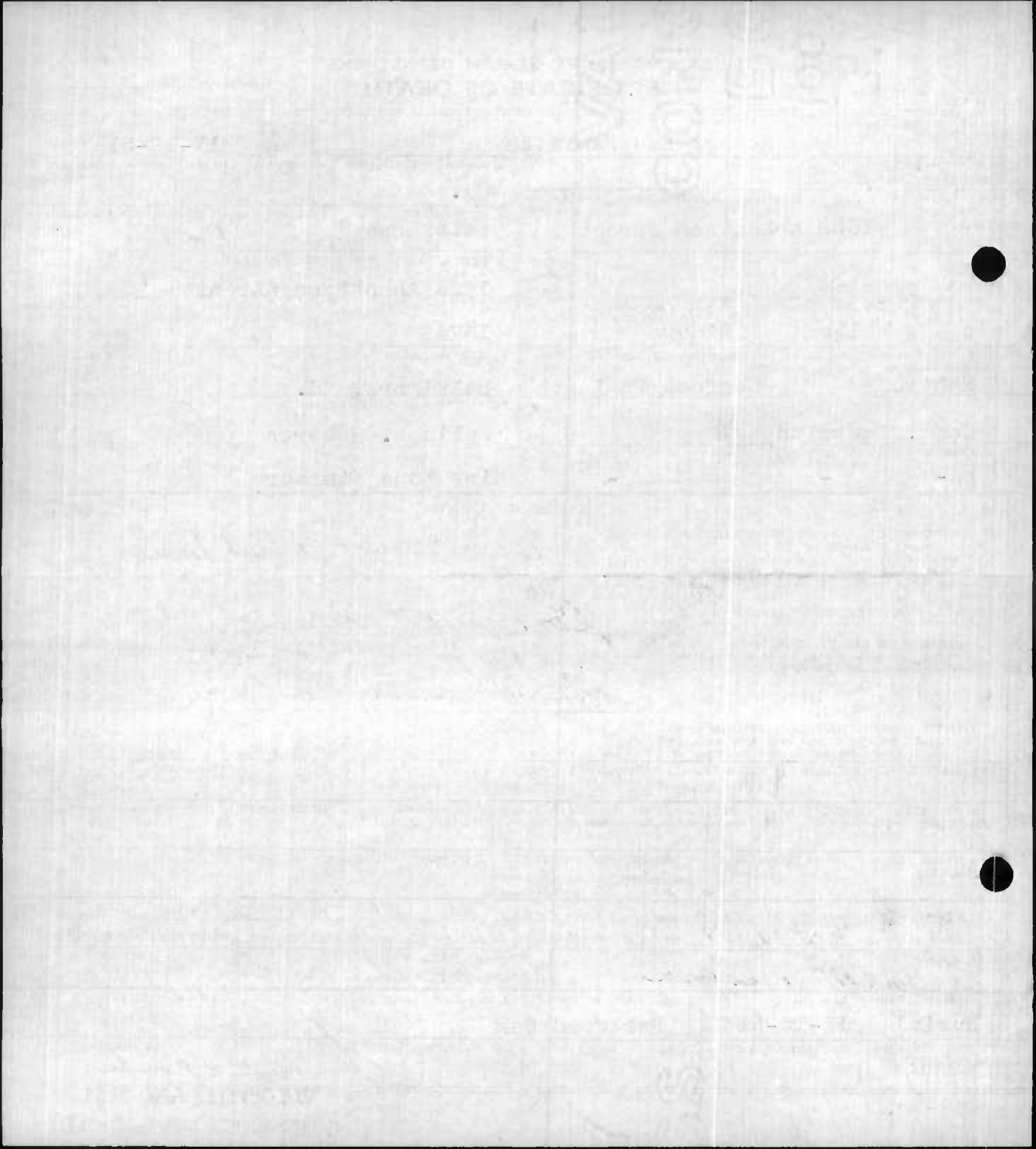
BIRTH NO. _____

1. NAME OF DECEASED (Type or Print)			2. DATE OF DEATH		
Robert Lee Bausmith			11-12-51		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION			A. STATE Md.		
1656 Abbottson Street			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) 1656 Abbottson Atreet		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 1874	9. AGE (In years last birthday) 76	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10B. KIND OF BUSINESS OR INDUSTRY Seafood Business		11. BIRTHPLACE (State or foreign country) Baltimore, Md.	
13. FATHER'S NAME Chas. Bausmith			12. CITIZEN OF WHAT COUNTRY?		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no-			14. MOTHER'S MAIDEN NAME Julia A. Roberts		
16. SOCIAL SECURITY NO. -			17. INFORMANT ADDRESS Miss Edna Kinnear		

18. 420.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH (A) <u>Arteriosclerotic Heart Disease</u> DUE TO (B) <u>Coronary Occlusion</u> DUE TO (C) <u>Myocardial Failure</u>	INTERVAL BETWEEN ONSET AND DEATH
--	---	----------------------------------

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Aug. 12, 1951, to Nov 12, 1951, that I last saw the deceased alive on Nov. 12, 1951, and that death occurred at 6 P.m., from the causes and on the date stated above.					
23A. SIGNATURE Vincent M. Messina		23B. ADDRESS M. D. 1403 S Charles St		23C. DATE SIGNED 11/13/51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 11-15-51		24C. NAME OF CEMETERY OR CREMATORY Parkwood Cem	
24D. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR ADDRESS WIEDEFELD AND SON GREENMOUNT AVE. & 22nd ST.			

NOV 13 1951



L-258 9774

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 9774

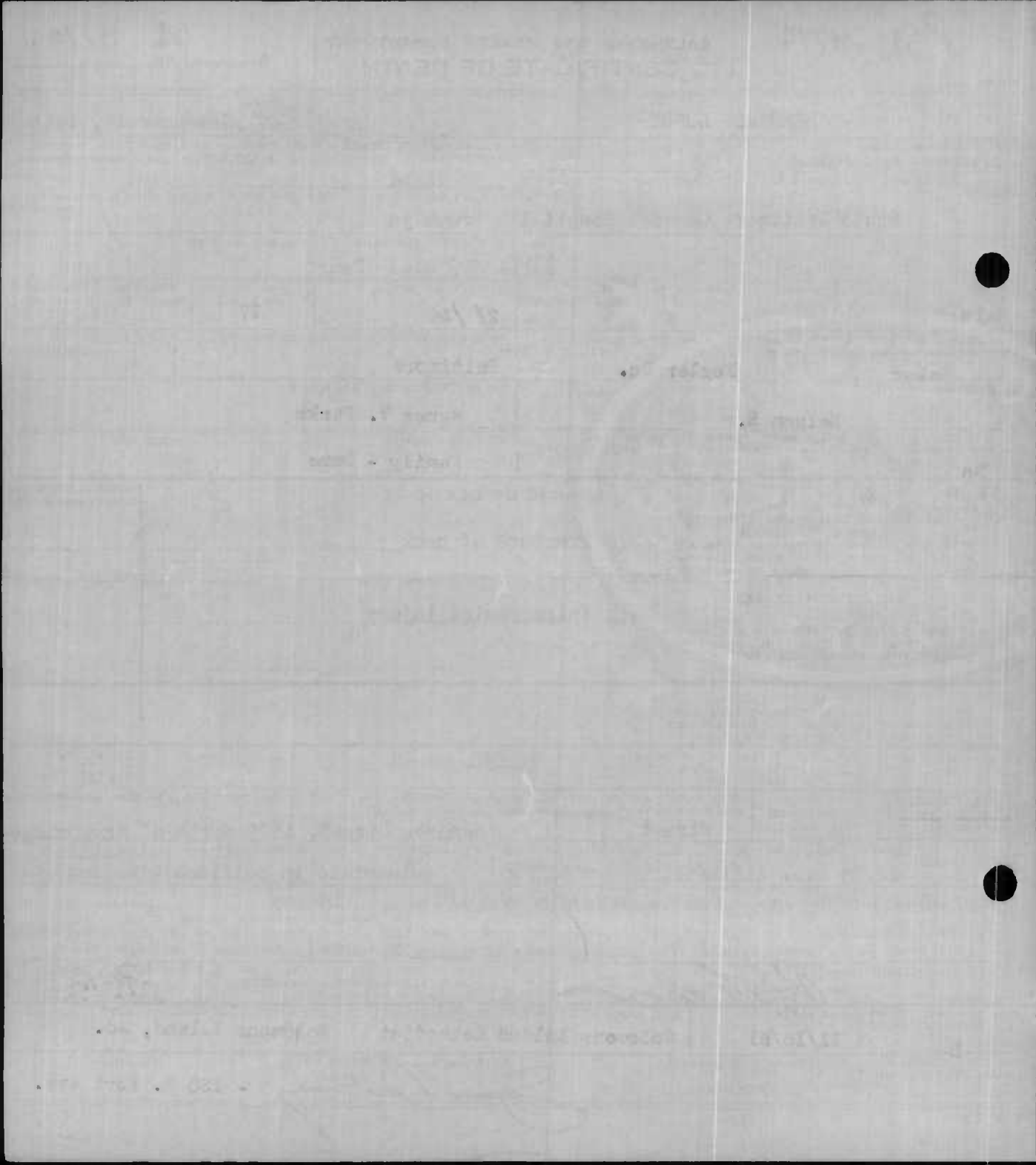
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) BERNARD LUSBY		2. DATE OF DEATH November 11, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Brooklyn			
B. FULL NAME OF HOSPITAL OR INSTITUTION South Baltimore General Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Brooklyn			
C. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 803 Glade Court			
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) S	8. DATE OF BIRTH 2/ /34	9. AGE (in years last birthday) 17	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Baker		10B. KIND OF BUSINESS OR INDUSTRY Fogler Co.		11. BIRTHPLACE (State or foreign country) Baltimore	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME Nelson E.			
14. MOTHER'S MAIDEN NAME Agnes V. Parks		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No			
16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Family - Same			
18. E816.4 CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Fracture of neck DUE TO ANTECEDENT CAUSES (B) Intracranial injury DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Street		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 2013 Hanover Street, 450' north of drawbridge	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 12:55 a.m. 11/11/51		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? other automobiles Automobile in collision with several	
22. I certify that I took charge of the remains described above, held an <u>autopsy</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE R. S. Fisher		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED 11/12/51	
24A. BURIAL, CREMATION, REMOVAL (Specify) B		24B. DATE 11/15/51		24C. NAME OF CEMETERY OR CREMATORY Solomons Island Methodist	
24D. LOCATION (City, town, or county) (State) Solomons Island, Md.		25. FUNERAL DIRECTOR ADDRESS - 130 E. Fort Ave.			

DATE RECEIVED BY LOCAL REGISTRAR **NOV 13 1951** REGISTRAR'S SIGNATURE **James L. Sweeney** 25. FUNERAL DIRECTOR ADDRESS **- 130 E. Fort Ave.**

V S 151 **N 813.2** **50044** **170c**

MEDICAL CERTIFICATION



1-620
51 9775BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 9775

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

C. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

13. FATHER'S NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.2. DATE
OF
DEATH4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give
township)

D. STREET ADDRESS (If rural, give location)

8. DATE OF BIRTH

9. AGE (in years
last birthday)11. Under 1 Year
Months: Days12. Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

17. INFIRMANT

ADDRESS

18. 331X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE. (A) STATING THE
UNDERLYING CONDITION LAST.(B) DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9 Nov, 1951, to 10 Nov, 1951, that I last saw the
deceased alive on 10 Nov, 1951, and that death occurred at 1:45 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

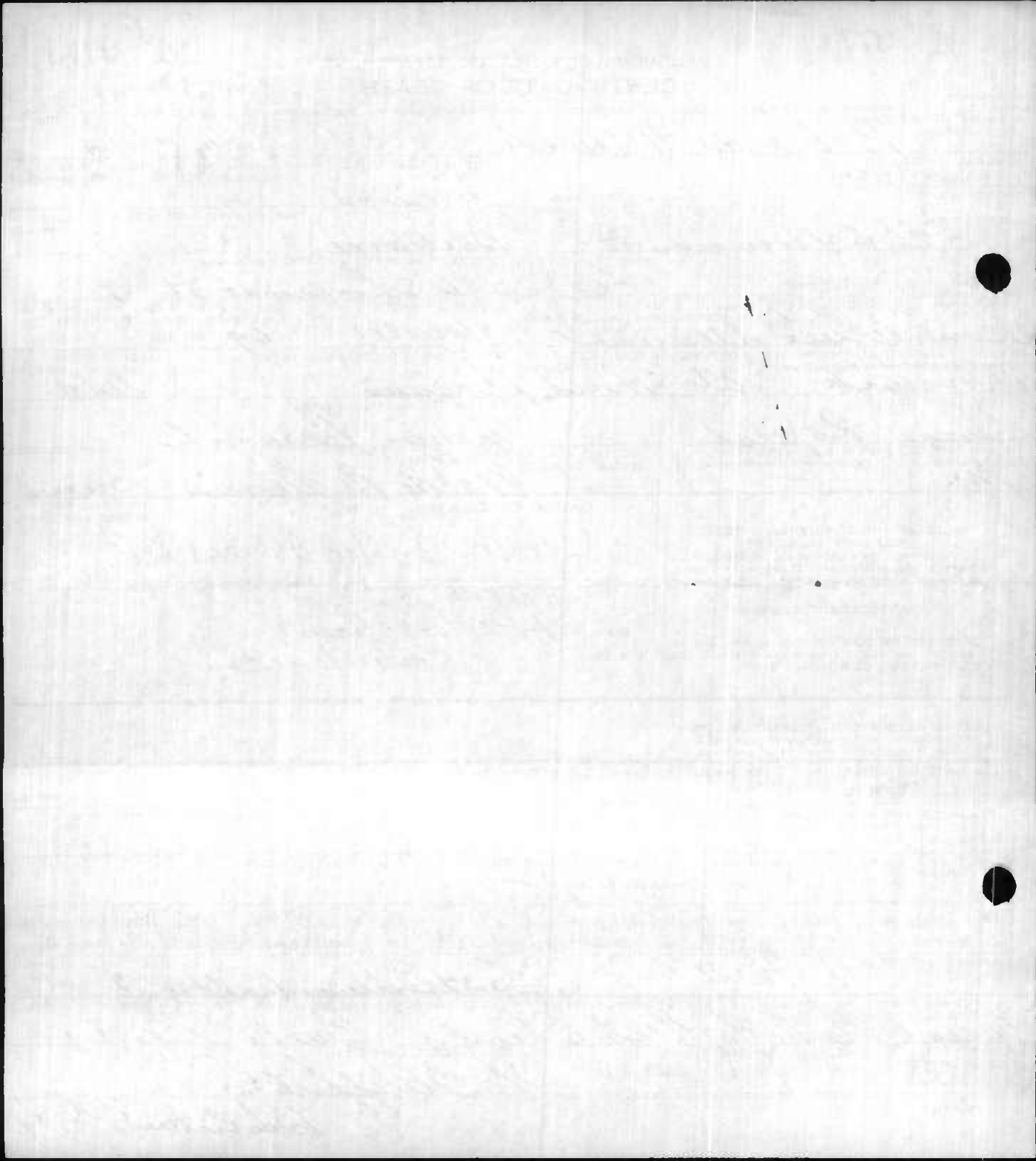
24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS



452 51 9776

51 9776

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) **LILLIAN WILLIAMS** 2. DATE OF DEATH **11-10-51**

3. PLACE OF DEATH: A. Baltimore City, Maryland 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) **Ind. City**

B. FULL NAME OF (If not in hospital or institution, give street address or location) **PROVIDENT** C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) **Baltimore 17-01**

D. STREET ADDRESS (If rural, give location) **510 - St. Mary street**

E. Length of stay in Baltimore Yrs. Mos. Days

5. SEX **F** 6. COLOR OR RACE **C** 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) **Married** 8. DATE OF BIRTH **7-?-1925** 9. AGE (In years last birthday) **26** 10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) **Domestic** 10B. KIND OF BUSINESS OR INDUSTRY **Private** 11. BIRTHPLACE (State or foreign country) **Ind.** 12. CITIZEN OF WHAT COUNTRY? **U. S. A.**

13. FATHER'S NAME **Hayman** 14. MOTHER'S MAIDEN NAME **Sadie Jouey.**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) **No** 16. SOCIAL SECURITY NO. **no** 17. INFORMANT **Sadie Hayman** ADDRESS **St Mary St.**

18. **E981X** CAUSE OF DEATH **Bullet wound of head** INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) **Bullet wound of head** DUE TO

ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH. 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) **Street** 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) **Druid Hill Ave + Orchard St.**

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY **Nov 10, 1951 7:15 p.m.** 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒ 21F. HOW DID INJURY OCCUR? **Shot by husband.**

22. I certify that I took charge of the remains described above, held an **Autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐.

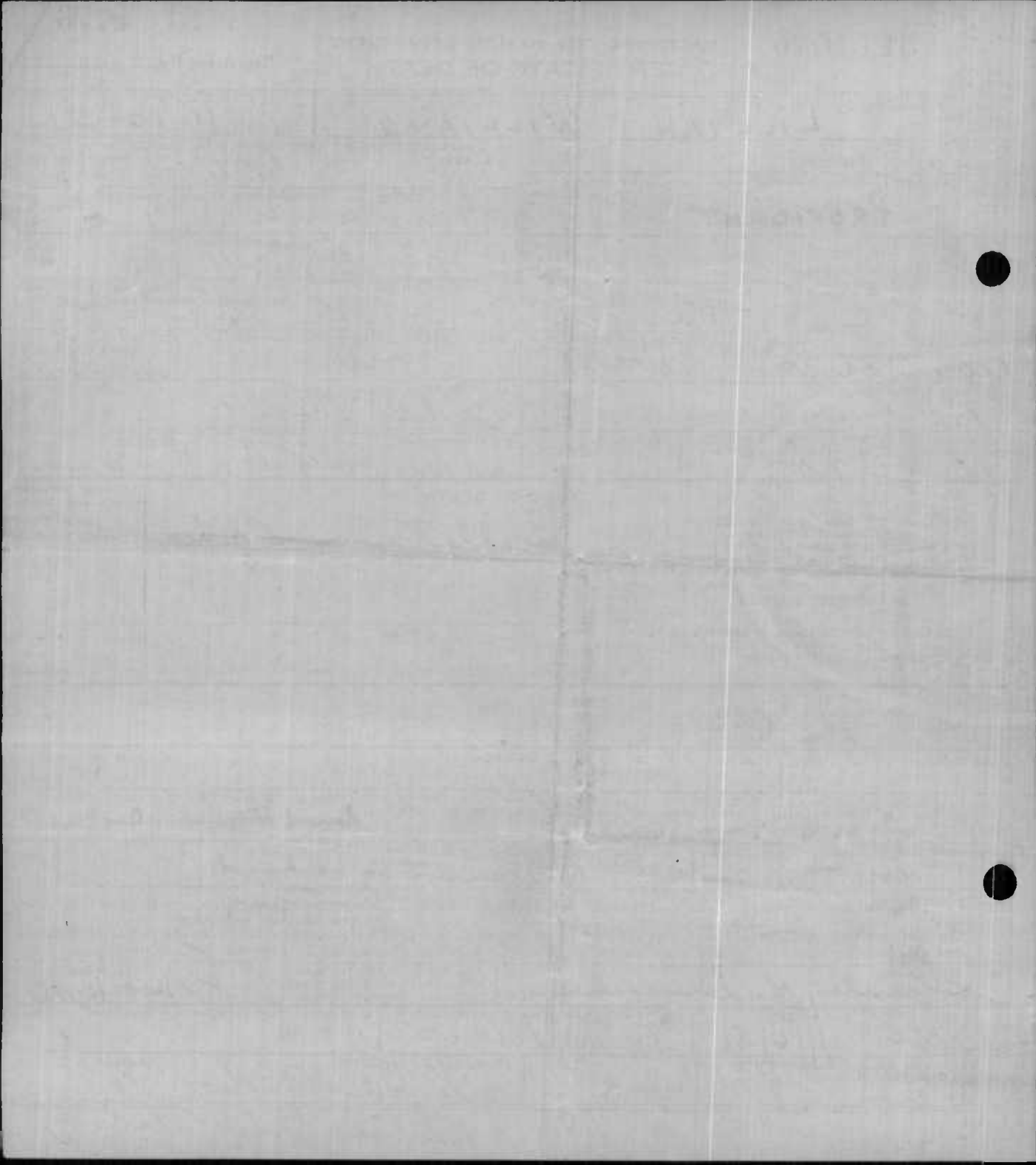
23A. SIGNATURE **Stanley H. Dumlacher** M.D. 23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐ **Nov. 11, 1951**

24A. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24B. DATE **11/16/51** 24C. NAME OF CEMETERY OR CREMATORY **Mt. Auburn** 24D. LOCATION (City, town, or county) (State) **W. Halstead - 418 -**

DATE RECEIVED BY LOCAL REGISTRAR **OV 13 1951** REGISTRAR'S SIGNATURE **W. Halstead** 25. FUNERAL DIRECTOR ADDRESS **7208A Druid Hill Ave.**

V S 151 **N850.4**

MEDICAL CERTIFICATION

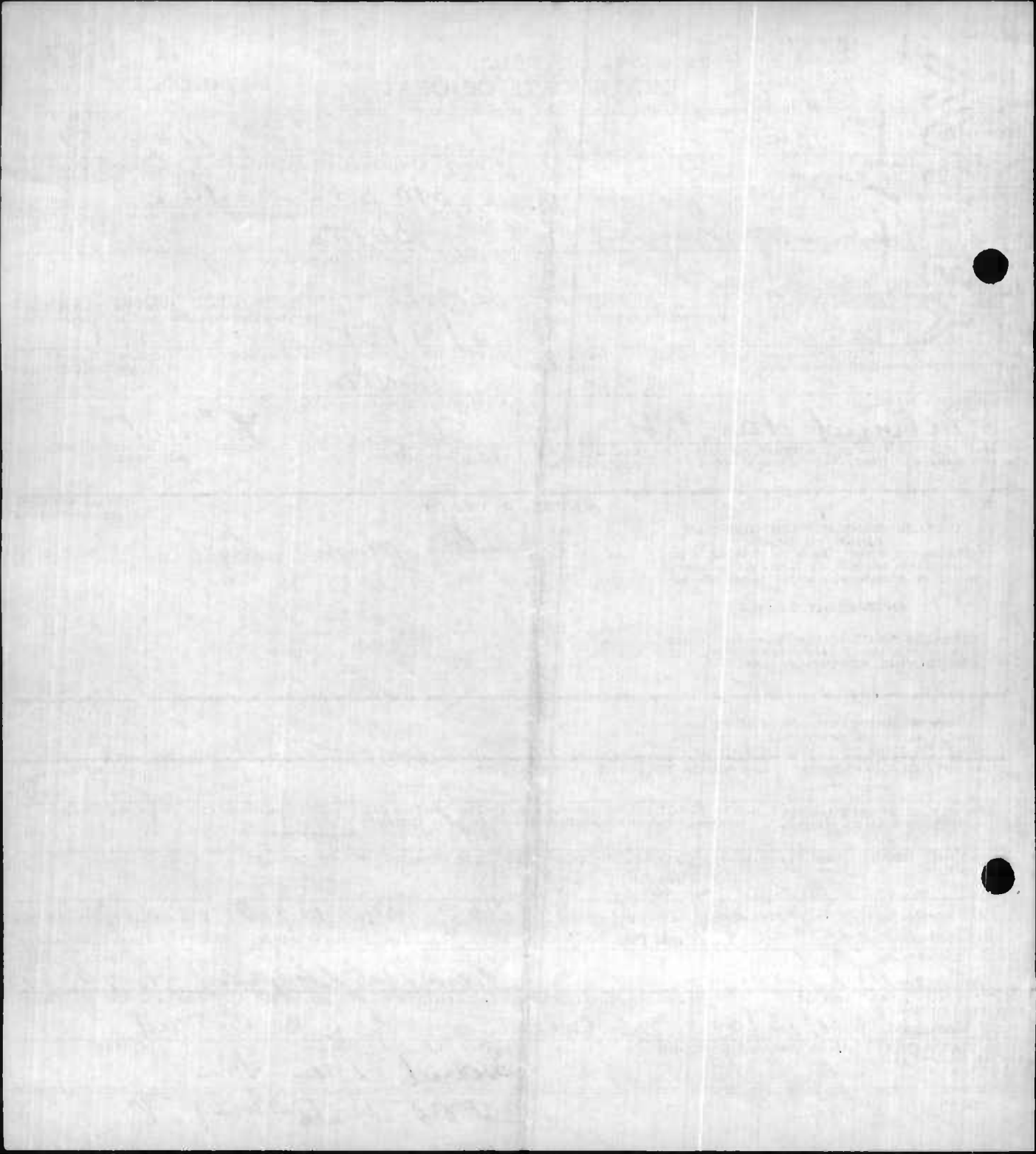


4-543 51 9777		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		51 9777 Registered No. _____	
BIRTH NO. 51-02661		1. NAME OF DECEASED (Type or Print) <i>HAMLET, Julian</i>		2. DATE OF DEATH <i>11-10-51</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>310 S Fremont Ave</i> B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>University Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto</i> <i>21-01</i>			
C. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location)			
5. SEX <i>F</i>	6. COLOR OR RACE <i>col</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>1/21/51</i>	9. AGE (In years last birthday) <i>9</i>	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Balto</i>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <i>Leland Hamlet</i>		14. MOTHER'S MAIDEN NAME <i>Eloyneth Lloyd</i> ✓			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS	
18. <i>010X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) <i>Tuberculous Meningitis</i> DUE TO (B) _____ DUE TO (C) _____ ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH			
19A. DATE OF OPERATION <i>10/13/51</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>10/16</i> 19 <i>51</i> , to <i>11/10</i> 19 <i>51</i> , that I last saw the deceased alive on <i>11/9</i> 19 <i>51</i> , and that death occurred at <i>4:45 A.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>James M. Bismar</i>		23B. ADDRESS <i>University Hospital</i> M. D.		23C. DATE SIGNED <i>11-10-51</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>11/13/51</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Mt Calvary</i>	
24D. LOCATION (City, town, or county) <i>A A Co. Md</i>		24E. STATE (State)		24F. FUNERAL DIRECTOR <i>Donald L Brown Son</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>NOV 13 1951</i>		REGISTRAR'S SIGNATURE <i>William H. Williams</i>		ADDRESS	

VS 150

1980 Montgomey St 14

MEDICAL CERTIFICATION



K-520
51 9778BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 9778

BIRTH NO.		1. NAME OF DECEASED (Type or Print) PHILOMENA H. KING		2. DATE OF DEATH NOVEMBER-11-51	
3. PLACE OF DEATH: A. Baltimore City, Maryland 1108 N. LAKEWOOD AVE		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD B. COUNTY BALTIMORE			
B. FULL NAME OF (If not in hospital or institution, give street address or location) MD		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE			
C. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 1108 N. LAKEWOOD AVE			
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH SEPT. 19, 1891	9. AGE (in years last birthday) 60	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY AT HOME		11. BIRTHPLACE (State or foreign country) BALTIMORE MD.	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME MR. BERGMAN		14. MOTHER'S MAIDEN NAME UNKNOWN	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS RICHARD N. KING SR. 1108 N. LAKEWOOD AVE	
18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CORONARY THROMBOSIS DUE TO 10 MINUTES		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. HYPERTENSIVE C.V. DISEASE DUE TO 14 years					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., lo or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 10/27/51 , 19__, to 11/11/51 , 19__, that I last saw the deceased alive on 11/11/51 , 19__, and that death occurred at 3P. m., from the causes and on the date stated above.					
23A. SIGNATURE Benj. B. Moss, M.D.		23B. ADDRESS 488 N. Luzerne Ave		23C. DATE SIGNED 11/12/51	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE 11-14-51		24C. NAME OF CEMETERY OR CREMATORY BALTIMORE CEM.	
24D. LOCATION (City, town, or county) (State) BALTIMORE MD		24E. NAME OF CEMETERY OR CREMATORY BALTIMORE CEM.		24F. LOCATION (City, town, or county) (State) BALTIMORE MD	
24G. DATE RECEIVED BY LOCAL REGISTRAR NOV 13 1951		24H. REGISTRAR'S SIGNATURE Thurston Williams		24I. FUNERAL DIRECTOR ADDRESS John P. Kelly Inc. 2435 E. Oliver St	

937

STATE OF TEXAS

Wm. Moses

16351 9779

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 9779
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print) *Mary Roberts*2. DATE OF DEATH *Nov. 12, 1951*3. PLACE OF DEATH:
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE *Maryland* B. COUNTYB. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTEC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
*Baltimore 16-02**Bar- Still - Ba Home*D. STREET ADDRESS (If rural, give location)
816 N. Stricker St.

C. Length of stay in Baltimore

Yrs.
Mos.
Days*80 years*

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

Oct. 23, 1871

9. AGE (In years last birthday)

80

If Under 1 Year Months: Days Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

None

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS *1924*
*Mrs. Stella Keys N. Fulton Ave.*18. *422.1*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g. heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)*Cardio Vascular Disease*

(A) DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION *0*

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Nov 10 51*, to *Nov 12 51*, that I last saw the deceased alive on *Nov 10*, 19*51*, and that death occurred at *1 P* m., from the causes and on the date stated above.

23A. SIGNATURE

Dr. J. J. Johnson

23B. ADDRESS

403 Westerts Bt 11-13-51

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Nov. 15 1951

24C. NAME OF CEMETERY OR CREMATORY

Arbutus Mem. Pk.

24D. LOCATION (City, town, or county)

Bald Co. Md.

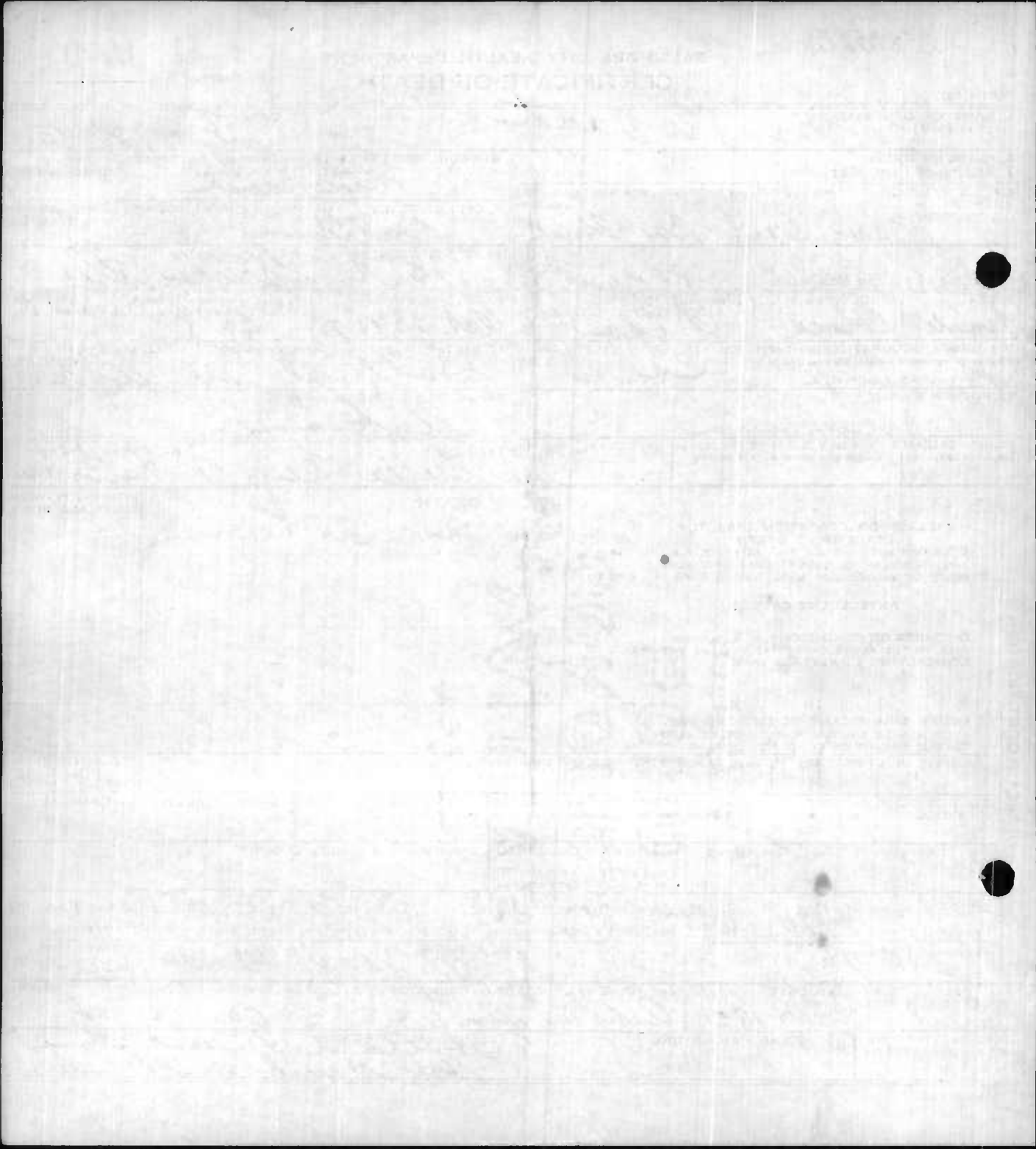
DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

*NOV 15 1951**William H. Williams*

25. FUNERAL DIRECTOR

Holland Funeral Home
1631 Duval Still Ave.



D-350
51 9780

51 9780

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Harry Dutton

2. DATE
OF
DEATH

Nov. 11, 1951

3. PLACE OF DEATH:

a. Baltimore City, Maryland

b. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Mercy Hospi.

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

16-03

D. STREET ADDRESS (If rural, give location)

720 W. Mount St.

5. SEX

Male

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Aug 12, 1883

9. AGE (In years
last birthday)

68

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

laborer

10B. KIND OF BUSINESS OR
INDUSTRY

Carpenter

11. BIRTHPLACE (State or foreign country)

Balt. Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Benjamin Dutton

14. MOTHER'S MAIDEN NAME

Jennie Smith

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No.

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS 1917

Mrs. Jennie M. Murphy Druid Hill Ave.

18. 162X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) Convulsion

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

30 min.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

(B) Advanced Bronchogenic Carcinoma June 12, 1951

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

m. WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from NOV-9 1951, to Nov. 11, 1951, that I last saw the
deceased alive on Nov. 11, 1951, and that death occurred at 9:05 Am., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

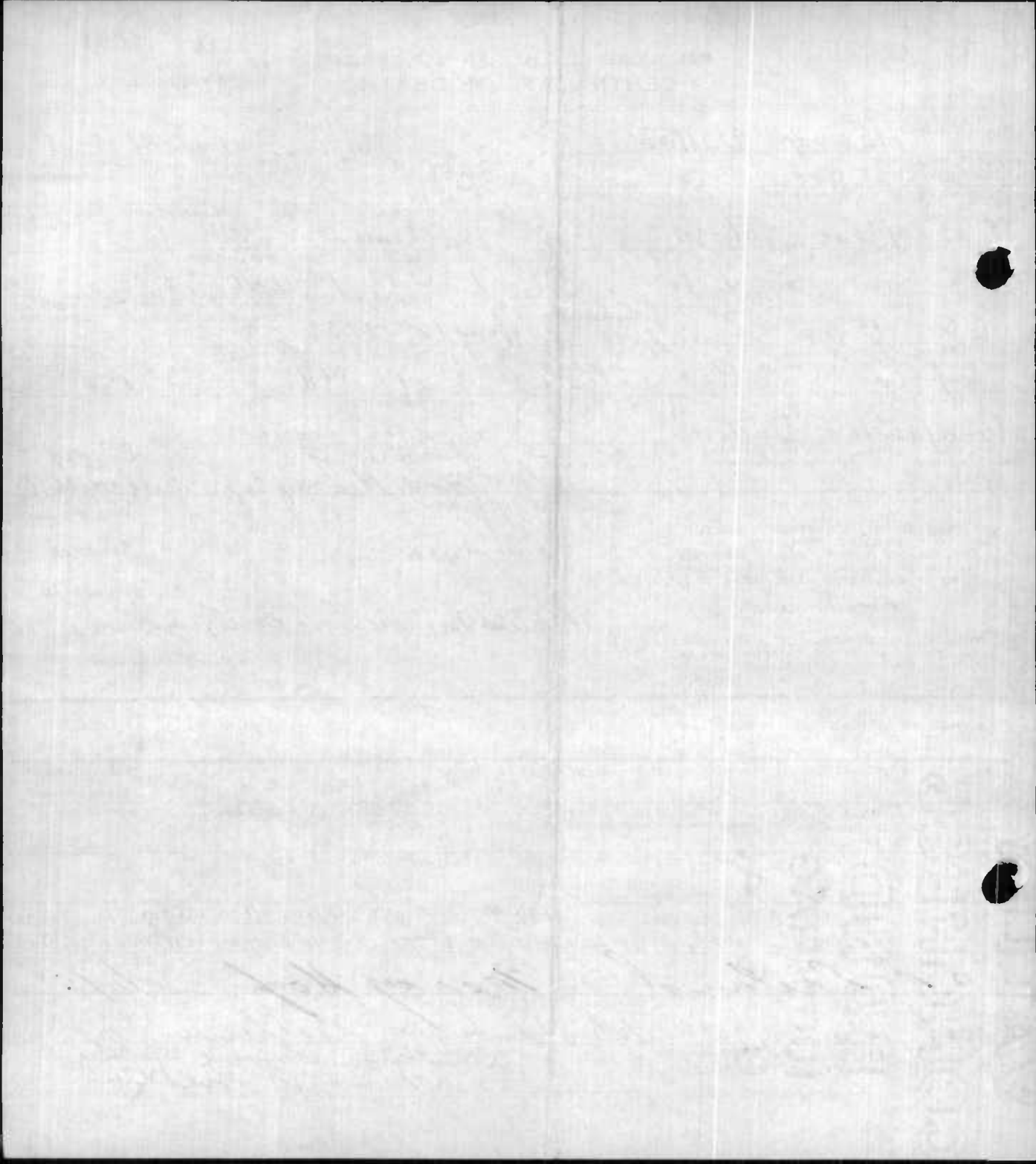
DATE RECEIVED BY REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 13 1951

1631 Druid Hill Ave.



3-25
51 9781BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 9781

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WILLIAM JOHNSON

2. DATE
OF
DEATH

Nov. 11, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Provident Hospital

4. USUAL RESIDENCE (Where deceased lived, if institution; residence

A. STATE

B. COUNTY

before admission)

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

508 W. Biddle St

5. Length of stay in Baltimore

9

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

C

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

9/1/1899

9. AGE (In years
last birthday)

52

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

garitas

10B. KIND OF BUSINESS OR
INDUSTRY

Sanern

11. FATHER'S NAME

Henry Johnson

11. BIRTH PLACE (State or foreign country)

Va.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

14. MOTHER'S MAIDEN NAME

Laura Galaway

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown)

no

16. SOCIAL
SECURITY NO.

7

17. INFORMANT

Anna Smith

ADDRESS

1628 Hill Ave

18. 023X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Luetic cardiovascular disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Stanley B. Dunleavy

23B. CHIEF MEDICAL EXAMINER

ASSISTANT MEDICAL EXAMINER

MEDICAL INVESTIGATOR

23C. DATE SIGNED

Nov 11, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

11/15/51

24C. NAME OF CEMETERY OR CREMATORY

Mt Auburn

24D. LOCATION (City, town, or county)

Balto. Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

NOV 13 1951

REGISTRAR'S SIGNATURE

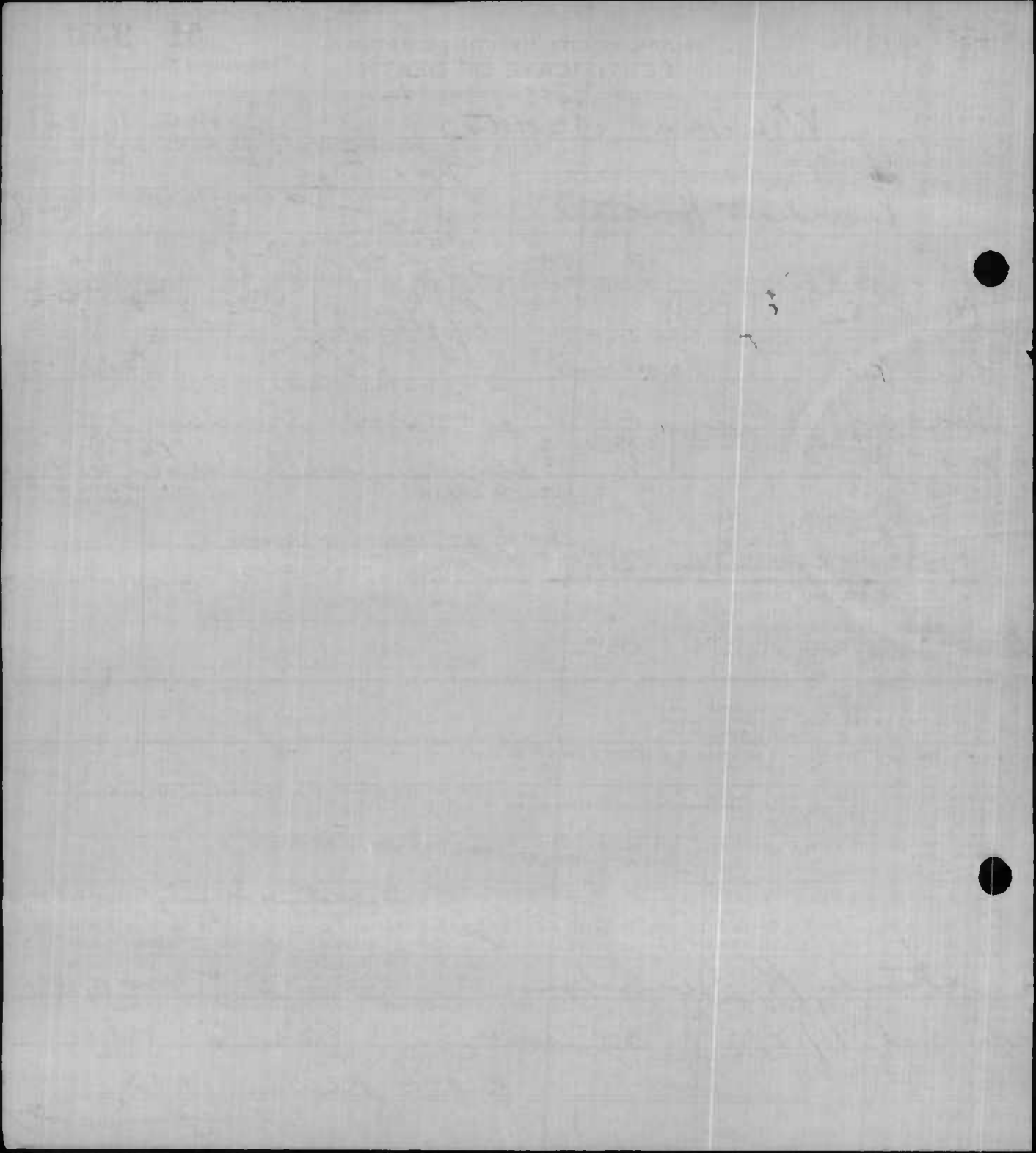
Stanley B. Dunleavy

25. FUNERAL DIRECTOR

Geo. H. Nelson

ADDRESS

1303



520
51 9782

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 9782

Registered No. _____

BIRTH NO. 51-16312

1. NAME OF DECEASED (Type or Print) <u>Young, Baby Boy</u>		2. DATE OF DEATH <u>Nov. 9, 1951</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <u>Baltimore</u>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Baltimore</u> B. COUNTY _____	
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>University Hospital</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore, MD - 16-03</u>	
C. Length of stay in Baltimore <u>LIFE 2</u>		D. STREET ADDRESS (If rural, give location) <u>1735 N. Fulton Ave</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>C</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Infant</u>	8. DATE OF BIRTH <u>Nov. 8, 1951</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>		10B. KIND OF BUSINESS OR INDUSTRY _____	9. AGE (In years last birthday) <u>2</u>
11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13. FATHER'S NAME <u>Richard Young</u>		14. MOTHER'S MAIDEN NAME <u>Maggie Malloy</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____	
17. INFORMANT <u>Mother - above</u>		ADDRESS <u>Maggie Malloy</u>	

18. <u>776x</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>PREMATURE</u> DUE TO _____ ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) _____ (C) _____ OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH <u>PREMATURE</u> DUE TO _____ DUE TO _____ DUE TO _____ INTERVAL BETWEEN ONSET AND DEATH <u>1-2 days</u>	
---	--	---	--

19A. DATE OF OPERATION <u>0</u>		19B. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____	
21D. TIME (Month) (Day) (Year) (Hour) INJURY _____		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from <u>Nov 8</u> , 19 <u>51</u> , to <u>Nov 9</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Nov 9</u> , 19 <u>51</u> , and that death occurred at <u>2:20 AM</u> , from the causes and on the date stated above.					
23A. SIGNATURE <u>M. E. Matthews</u>		23B. ADDRESS <u>University Hospital</u>		23C. DATE SIGNED <u>Nov 9, 1951</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>11/14/51</u>		24C. NAME OF CEMETERY OR CREMATORY <u>St Peter</u>	
24D. LOCATION (City, town, or county) <u>Balto Md</u>		24E. DATE RECEIVED BY LOCAL REGISTRAR <u>NOV 13 1951</u>		24F. REGISTRAR'S SIGNATURE <u>George H. Kelson</u>	
24G. FUNERAL DIRECTOR <u>Presstman</u>		24H. ADDRESS <u>1303</u>		24I. SIGNATURE <u>159</u>	

MEDICAL CERTIFICATION

STATE OF TEXAS
COUNTY OF DALLAS

Blank lined area for text entry.

525-
51 9783

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

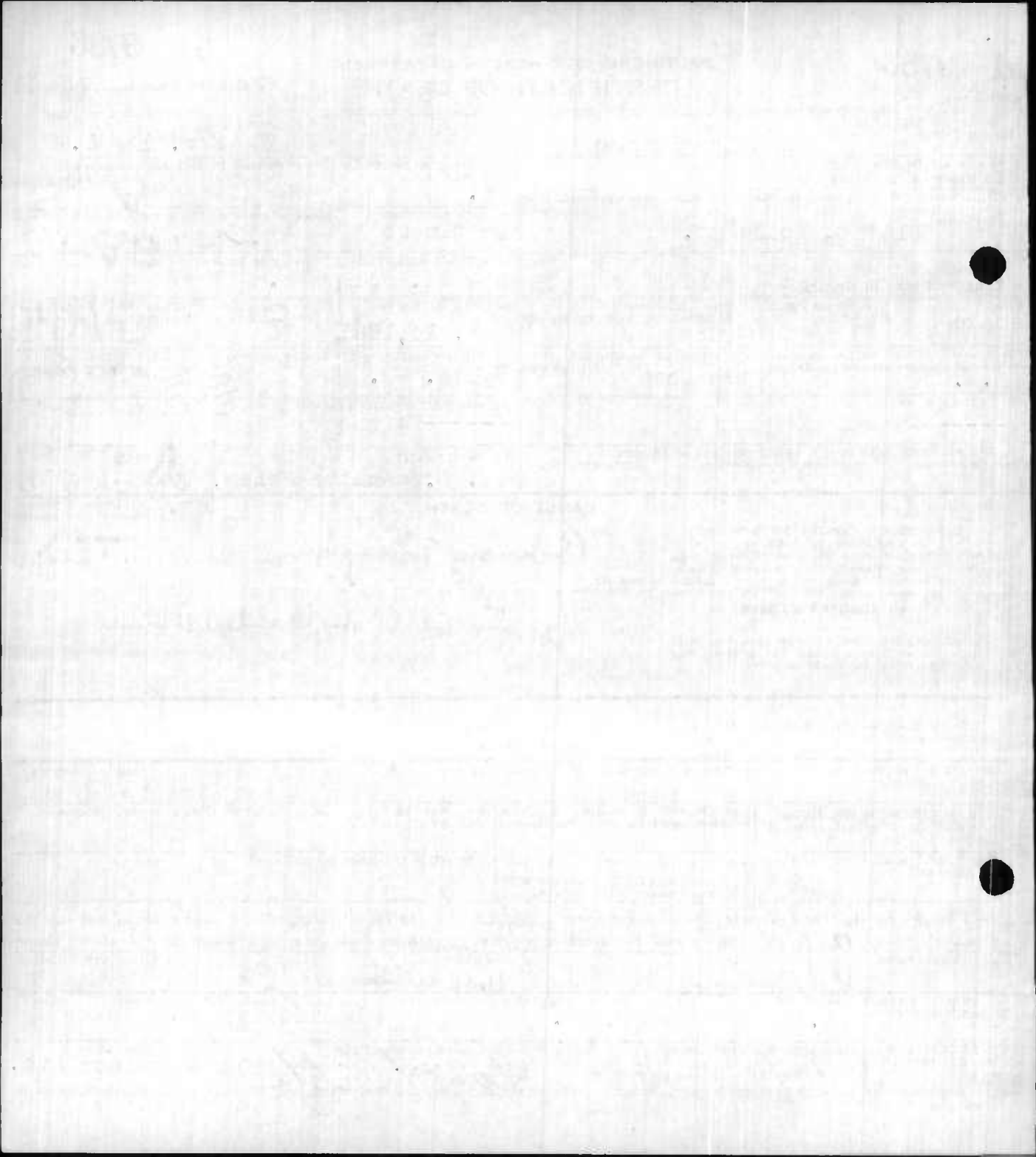
51 9783
Registered No. _____

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		Rose Langhammer		Nov. 12/51.	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
B. FULL NAME OF HOSPITAL OR INSTITUTION		A. STATE			
514 Mt. Holly St.		Md.			
c. Length of stay in Baltimore		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)			
Life		Baltimore			
5. SEX		D. STREET ADDRESS (If rural, give location)			
Female		514 Mt. Holly St.			
6. COLOR OR RACE		8. DATE OF BIRTH			
White		Feb. 14, 1881			
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		9. AGE (In years last birthday)			
Widow		70			
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)	
H.W.		Own Home		Balto. Md.	
13. FATHER'S NAME		12. CITIZEN OF WHAT COUNTRY?			
-----Imwald					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, oo or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT	
(If yes, give war or dates of service)				Mrs. O. Jeanette Mahen, 514 Mt. Holly St.	

18. 420.1	CAUSE OF DEATH		St.	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)	(A) Coronary Thrombosis	14 days		
ANTECEDENT CAUSES	(B) Hypertensive Cardio Vascular Disease			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(C) Senility			

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?	
				YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED		21F. HOW DID INJURY OCCUR?	
		WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
22. I hereby certify that I attended the deceased from Jan, 1940, to Nov, 1951, that I last saw the deceased alive on 12 Nov, 1951, and that death occurred at 4:30 A. m., from the causes and on the date stated above.					
23A. SIGNATURE		23B. ADDRESS		23C. DATE SIGNED	
H. Baylus		1600 Wilkens Ave		12 Nov 51	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
Burial		Nov. 14/51		Loudon Pk.	
24D. LOCATION (City, town, or county)		24E. FUNERAL DIRECTOR			
Baltimore, Md.		Harry N. Wiatke			
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		ADDRESS	
NOV 13 1951		Thurston Williams, Jr.		4101 Edmondson Ave.	

937



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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

1. NAME OF DECEASED (Type or Print) <i>Carolina Tisielenski</i>		2. DATE OF DEATH <i>Nov. 11/51</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>1917 Bank St</i>		4. USUAL RESIDENCE (Where deceased lived before admission) A. STATE <i>Md</i> B. COUNTY _____	
B. FULL NAME OF HOSPITAL OR INSTITUTION _____		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 2-01</i>	
C. Length of stay in Baltimore _____		D. STREET ADDRESS (If rural, give location) <i>1917 Bank St</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>59</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>none</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>-</i>	
13. FATHER'S NAME <i>Antoni Kuc</i>		14. MOTHER'S MAIDEN NAME <i>Anna Nowakowski</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. <i>215035484</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) _____		17. INFORMANT ADDRESS _____	

18. <i>331X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Cerebral hemorrhage</i>	CAUSE OF DEATH <i>Hyper tension</i>	INTERVAL BETWEEN ONSET AND DEATH <i>2 yrs.</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) _____ (C) _____	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. II _____	

19A. DATE OF OPERATION _____		19B. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____	
21D. TIME (Month) (Day) (Year) (Hour) INJURY _____		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from <i>11/5</i> , 19 <i>51</i> , to <i>11/11</i> , 19 <i>51</i> , that I last saw the deceased alive on <i>11/11</i> , 19 <i>51</i> , and that death occurred at <i>9:45</i> m., from the causes and on the date stated above.					
23A. SIGNATURE <i>Stanley B. Klyanowicz</i>		23B. ADDRESS <i>3500 Erdman Ave</i>		23C. DATE SIGNED <i>11/11</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Nov 15/51</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Holy Rosary</i>	
24D. LOCATION (City, town, or county) <i>Baltimore</i>		24E. LOCATION (State) _____		24F. FUNERAL DIRECTOR <i>Fred M. Ozazewski</i>	
24G. ADDRESS <i>1930 Baltimore Ave. #3a</i>		24H. DATE RECEIVED BY LOCAL REGISTRAR <i>NOV 1 3 1951</i>		24I. REGISTRAR'S SIGNATURE <i>James J. Williams, Jr.</i>	

MEDICAL CERTIFICATION

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BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

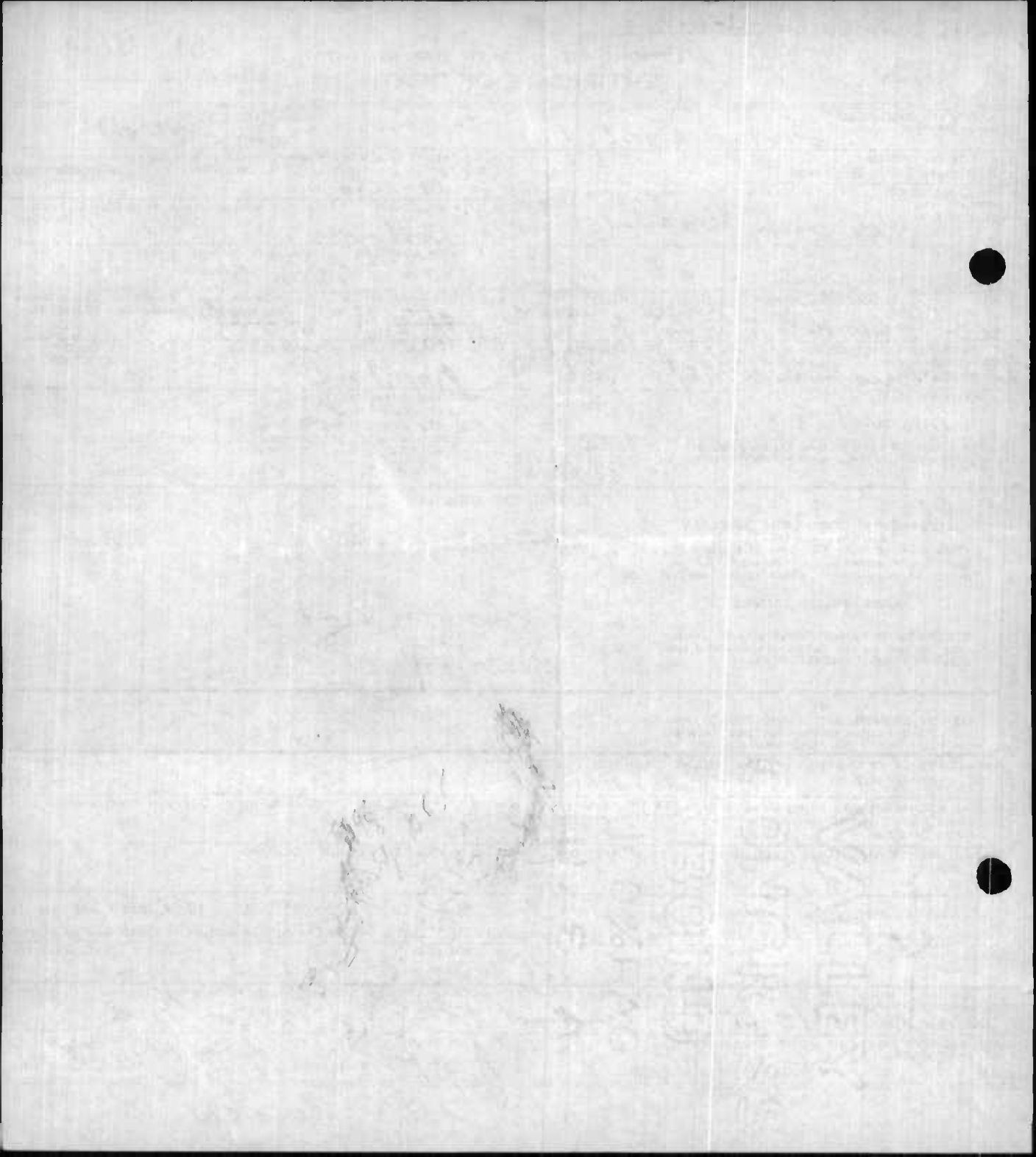
Registered No. _____

1. NAME OF DECEASED (Type or Print) <i>Samuel Early</i>		2. DATE OF DEATH <i>11-11-51</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY _____	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>University Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
D. STREET ADDRESS (If rural, give location) <i>306 S Gilmore St</i>		E. LENGTH OF STAY IN BALTIMORE <i>68</i> Yrs. Mos. Days	
5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>1881</i>
9. AGE (In years last birthday) <i>67</i>		10. UNDER 1 Year Months: Days	
11. UNDER 24 Hours Hours: Min.		12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>	
13. FATHER'S NAME <i>Samuel Early</i>		14. MOTHER'S MAIDEN NAME <i>Rachel Evans</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>705-09-1516</i>	
17. INFORMANT <i>wife</i>		ADDRESS <i>Same</i>	

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Cholelithiasis & Choleliths</i>		INTERVAL BETWEEN ONSET AND DEATH <i>3 wks</i>
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Cirrhosis of Liver</i>		<i>?</i>
20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>Alcoholism</i>		<i>?</i>

19A. DATE OF OPERATION <i>11-7-51</i>	19B. MAJOR FINDINGS OF OPERATION <i>Cholelithiasis</i>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <i>11-7-1951</i> , to <i>11-11-1951</i> , that I last saw the deceased alive on <i>11-11-1951</i> , and that death occurred at <i>11:30 A.M.</i> , from the causes and on the date stated above.		
23A. SIGNATURE <i>H. K. Skipton</i>	23B. ADDRESS <i>University Hospital</i>	23C. DATE SIGNED <i>11-11-51</i>

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>11/14/51</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Random Park</i>	24D. LOCATION (City, town, or county) (State) <i>Baltimore Md</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>NOV 13 1951</i>	REGISTRAR'S SIGNATURE <i>Hamilton Williams</i>	25. FUNERAL DIRECTOR <i>Robt C. & B. M. Walters</i>	ADDRESS <i>54450 Pratt & Cluckie St 126</i>



E-346

51 9786

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 9786

Registered No.

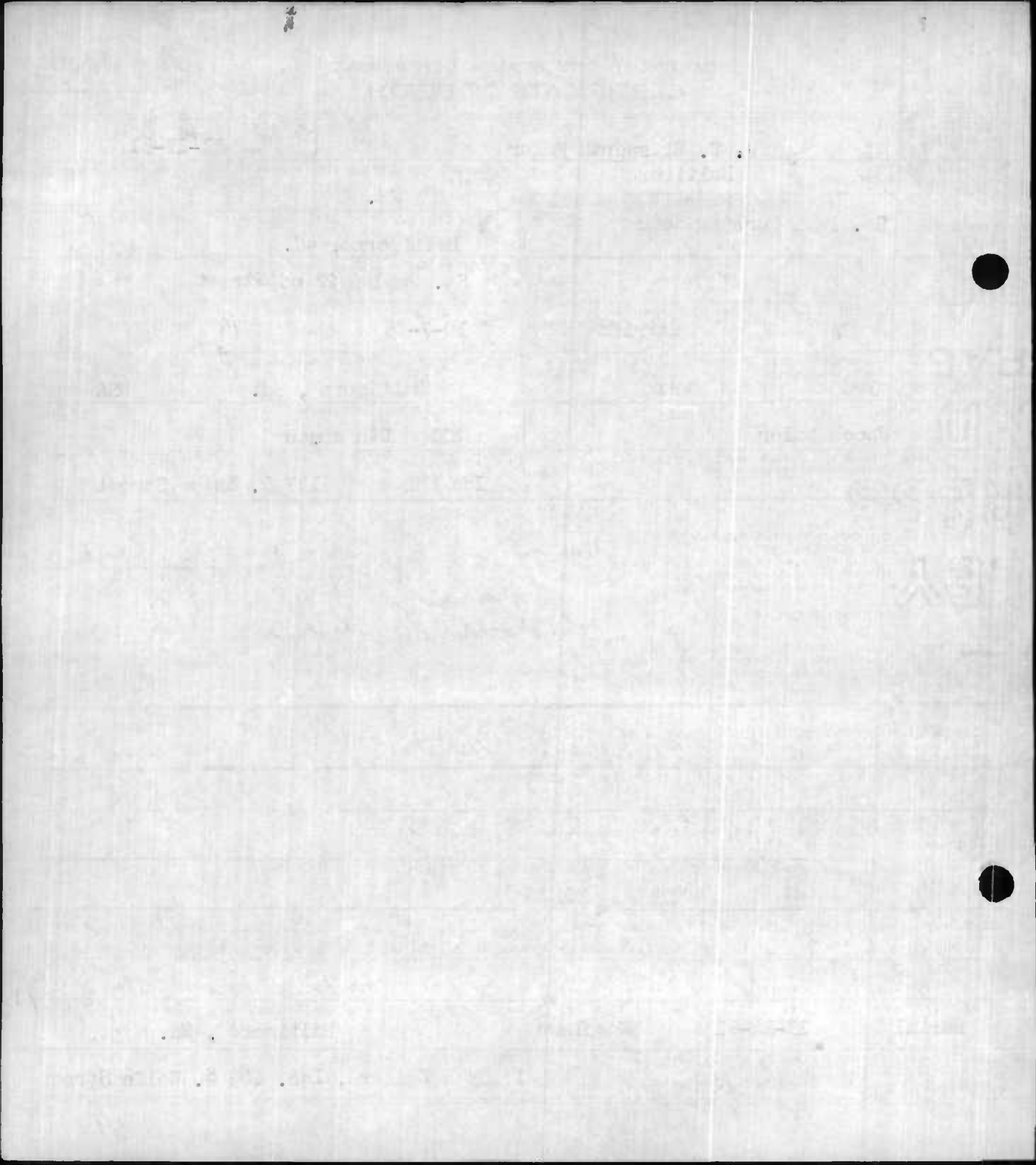
BIRTH NO.

1. NAME OF DECEASED (Type or Print) J. T. Ellsworth Edler			2. DATE OF DEATH 11-11-51		
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Paul Nursing Home			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore, Md. 12-06		
C. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) St. Paul & 22 nd Street		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 10-7-75	9. AGE (In years last birthday) 76	If Under 1 Year Months Days If Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Not Employed		10B. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (State or foreign country) Baltimore, Md.		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Jacob Edler			14. MOTHER'S MAIDEN NAME Ellen Zimmerman		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Ida Edler 137 S. Eaton Street		

18. 331X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Cerebro Vascular Accident DUE TO generalized arteriosclerotic disease (B) Diabetes Mellitus DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH 6 weeks several yrs. sev. yrs.
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1-1 , 19 50 , to 11-11 , 19 51 , that I last saw the deceased alive on 11-10 , 19 51 , and that death occurred at 3:30 P.m. , from the causes and on the date stated above.					
23A. SIGNATURE E. Ellsworth		23B. ADDRESS 2431 Maryland Ave		23C. DATE SIGNED 11-12-51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 11-14-51		24C. NAME OF CEMETERY OR CREMATORY Woodlawn	
				24D. LOCATION (City, town, or county) (State) Baltimore, Md.	

DATE RECEIVED BY LOCAL REGISTRAR NOV 13 1951		REGISTRAR'S SIGNATURE William Williams		25. FUNERAL DIRECTOR ADDRESS Lilly & Zeiler, Inc. 403 S. Wolfe Street	
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51 9787

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 9787
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>J. Joseph Schaeck</i>		2. DATE OF DEATH <i>11-11-51</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Balto -</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>2524 E. Balto St.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore - Md. 6-02</i>			
C. Length of stay in Baltimore <i>Life</i>		D. STREET ADDRESS (If rural, give location) <i>2524 E. Balto. Street</i>			
5. SEX <i>M.</i>	6. COLOR OR RACE <i>W.</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>11-30-60</i>	9. AGE (in years last birthday) <i>91</i>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Furniture Bus.</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Self -</i>		11. BIRTHPLACE (State or foreign country) <i>Baltimore - Md</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		13. FATHER'S NAME <i>Frank Schaeck</i>		14. MOTHER'S MAIDEN NAME <i>Mary Schneider</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <i>Margaret Schaeck - 2524 E. Balto St</i>	
18. <i>331X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO <i>(A) Senility</i>		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO <i>(B) Cerebral hemorrhage</i>				<i>6/7/51</i>	
		DUE TO <i>(C) Arterio sclerosis</i>		<i>years</i>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>June 7</i> , 19 <i>51</i> , to <i>NOV. 11</i> , 19 <i>51</i> , that I last saw the deceased alive on <i>NOV. 10</i> , 19 <i>51</i> , and that death occurred at <i>2 A.</i> m., from the causes and on the date stated above.					
23A. SIGNATURE <i>Signatures R. Nowak</i>		23B. ADDRESS <i>M. D. 408 S. Patterson Park Ln.</i>		23C. DATE SIGNED <i>11-13-51</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>11-15-51</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Holy Redeemer</i>	
24D. LOCATION (City, town, or county) <i>Balto - Md</i>		24E. FUNERAL DIRECTOR <i>Lilly & Zales</i>		24F. ADDRESS <i>703 S. Wolfe St</i>	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE <i>William Williams</i>		VS 150	

408 J. Patterson P.R. A.

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51 9788BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 9788

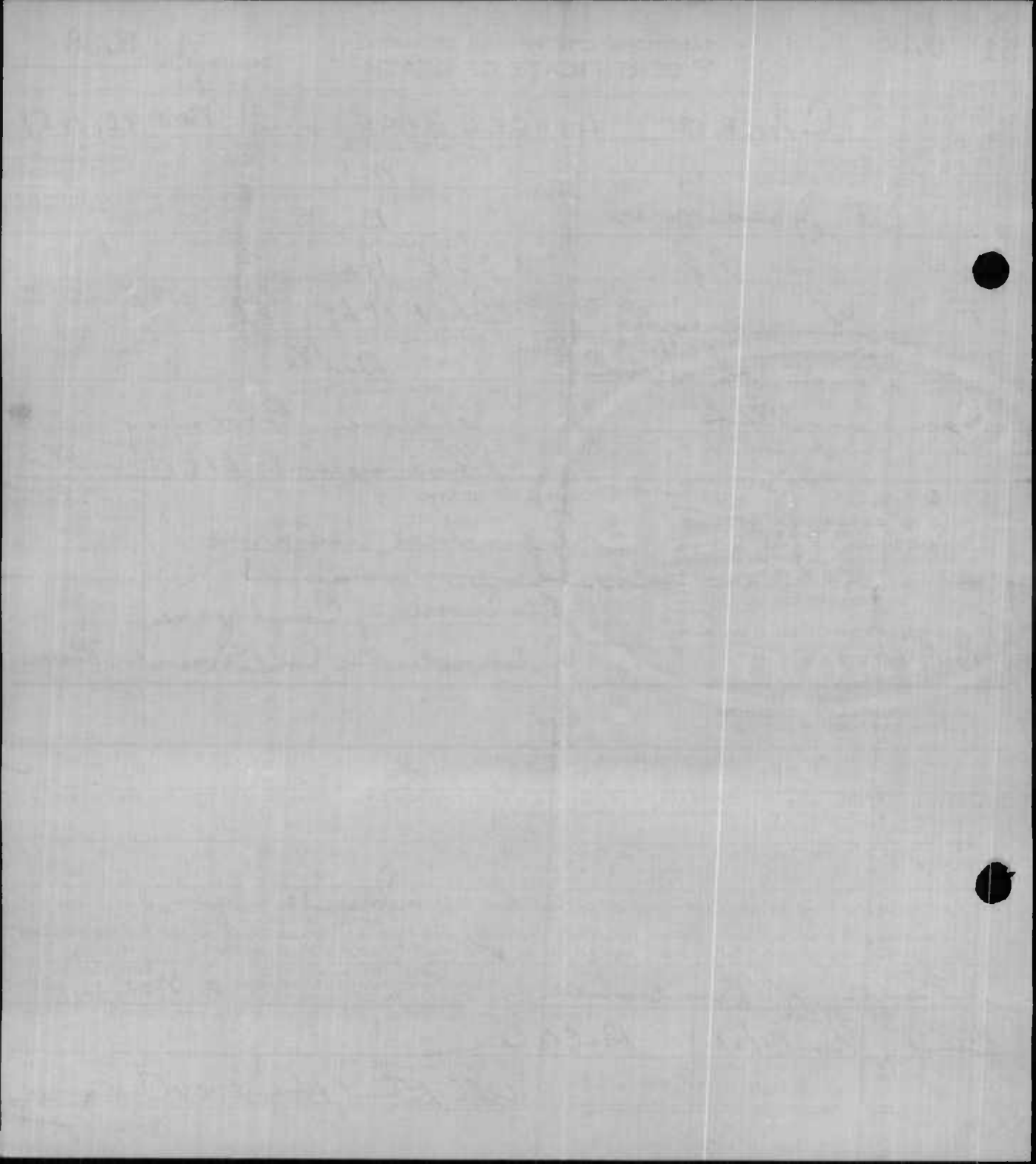
BIRTH NO.

1. NAME OF DECEASED (Type or Print) CARRIE LINGELBACH			2. DATE OF DEATH Nov 10, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE Md B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) ST. Josephs			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Belts 27-34		
C. Length of stay in Baltimore- life			D. STREET ADDRESS (If rural, give location) 3618 Hammett Ave		
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH Feb 1 1869	9. AGE (in years last birthday) 82	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10B. KIND OF BUSINESS OR INDUSTRY at home		
11. BIRTHPLACE (State or foreign country) Balt			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME Cooper Lingelbach			14. MOTHER'S MAIDEN NAME Johanna Broening		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT Ther Lingelbach			ADDRESS 3618 Hammett		

18. 241X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Bronchial Asthma (A) DUE TO Pulmonary Emphysema (B) DUE TO Arteriosclerotic Cardiovascular disease (C)	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

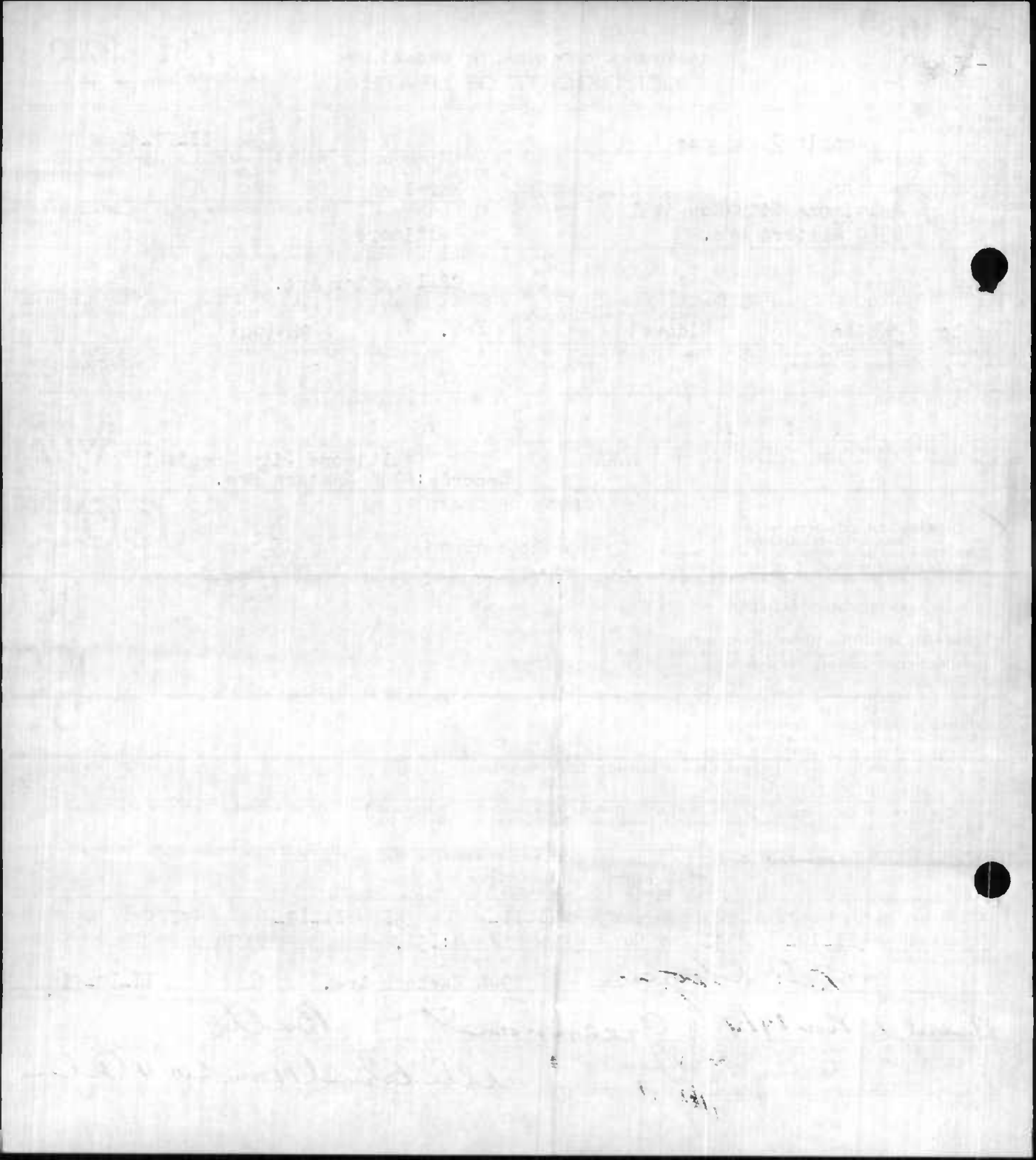
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIB-UTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> accident <input type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/> .					
23A. SIGNATURE Stanley H. Dunleavy		23B. CHIEF MEDICAL EXAMINER M.D.		23C. DATE SIGNED Nov. 12, 1951	
24A. BURIAL, CREMA-TION, REMOVAL (Specify) Burial		24B. DATE Nov 14/51		24C. NAME OF CEMETERY OR CREMATORY Belts Co	
24D. LOCATION (City, town, or county) (State)					

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE Stanley H. Dunleavy	25. FUNERAL DIRECTOR William H. Horn	ADDRESS 2004 Orleans
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51 9789
MK-153849
C-515BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 9789
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) Jennie Champness		2. DATE OF DEATH 11-12-51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore			
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Baltimore City Hospital 4940 Eastern Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
C. Length of stay in Baltimore ?		D. STREET ADDRESS (If rural, give location) 2211 Taylor Ave. 5300			
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Feb. ?	9. AGE (In years last birthday) 98?(90?)	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) ?		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME ?			14. MOTHER'S MAIDEN NAME ?		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMATION ADDRESS Baltimore City Hospital Records: 4940 Eastern Ave.		
18. 491X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Bronchopneumonia DUE TO D. Pneumoniae, type undetermined (B) _____ DUE TO _____ (C) _____ INTERVAL BETWEEN ONSET AND DEATH ?					
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) _____ DUE TO _____ (C) _____					
20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 11-11- , 1951 , to 11-12- , 1951 , that I last saw the deceased alive on 11-12- , 1951 , and that death occurred at 4:15A. m., from the causes and on the date stated above.					
23A. SIGNATURE J. S. Goggin M. D.		23B. ADDRESS 4940 Eastern Ave.		23C. DATE SIGNED 11-12-51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Nov 14/51		24C. NAME OF CEMETERY OR CREMATORY Greenmount	
24D. LOCATION (City, town, or county) Balto		24E. LOCATION (State) Balto			
DATE RECEIVED BY LOCAL REGISTRAR NOV 13 1951		REGISTRAR'S SIGNATURE Wm. J. Goggin		25. FUNERAL DIRECTOR Wm. J. Goggin ADDRESS 2004 Calver	



600
51 9790

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 9790
Registered No. _____

1. NAME OF DECEASED (Type or Print) THEODORE THAUROW		2. DATE OF DEATH 11/12/51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY _____	
B. FULL NAME OF HOSPITAL OR INSTITUTION LUTHERAN HOSP OF MD. INC		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 6-02	
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) 228 N. LUZERNE AVE 24	
5. SEX MALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) _____	8. DATE OF BIRTH 12/28/68
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED		11. BIRTHPLACE (State or foreign country) _____	
13. FATHER'S NAME _____		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) _____ (If yes, give war or dates of service) _____		17. INFORMANT _____ ADDRESS _____	
16. SOCIAL SECURITY NO. _____		14. MOTHER'S MAIDEN NAME _____	

18. 331X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Aspiration DUE TO of vomitus ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Cerebro Vascular Accident DUE TO _____ (C) _____ OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH Aspiration Cerebro Vascular Accident Death 11/12/51	INTERVAL BETWEEN ONSET AND DEATH 10/10/51 Death 11/12/51
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19A. DATE OF OPERATION 10/16/51		19B. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) _____		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____	
21D. TIME (Month) (Day) (Year) (Hour) _____		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from 10/10/51 to 11/12/51 , 19 51 , that I last saw the deceased alive on 11/12/51 , 19 51 , and that death occurred at 3:20 pm. , from the causes and on the date stated above.					
23A. SIGNATURE W. G. Conrad		23B. ADDRESS Lutheran Hosp.		23C. DATE SIGNED 11/12/51	
24A. BURIAL, CREMATION, REMOVAL (Specify) _____		24B. DATE Nov 16/51		24C. NAME OF CEMETERY OR CREMATORY St Matthew	
24D. LOCATION (City, town, or county) _____		24E. LOCATION (State) _____		25. FUNERAL DIRECTOR W. G. Conrad	
DATE RECEIVED BY LOCAL REGISTRAR NOV 13 1951		REGISTRAR'S SIGNATURE W. G. Conrad		ADDRESS W. G. Conrad	

CERTIFICATE OF DEATH

STATE OF NEW YORK

19

DECEASED

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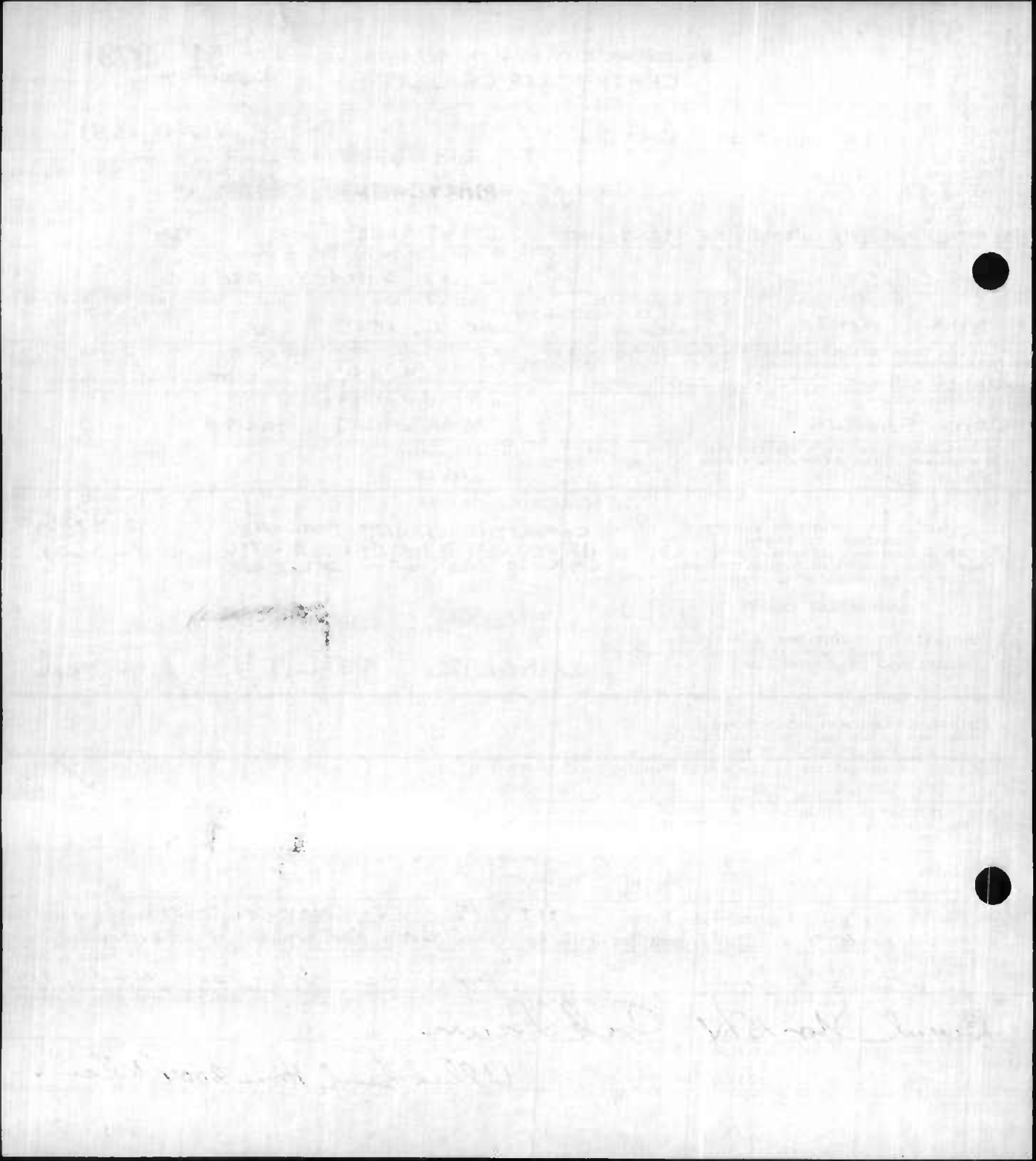
19

19

51 9791
B-650BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 9791
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) ELIZABETH HARRIET BROWN		2. DATE OF DEATH NOV. 11, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE MARYLAND B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION HOSPITAL FOR THE WOMEN OF MARYLAND		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 30 MD			
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 2317 SIDNEY AVE 25-33			
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOW	8. DATE OF BIRTH JUNE 2, 1885	9. AGE (In years last birthday) 66	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) MARYLAND	
13. FATHER'S NAME JOHN FARMER		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO.		17. INFORMANT SELF	
15. ADDRESS		17. ADDRESS			
18. 260X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH CONGESTIVE HEART FAILURE, HYPERTENSIVE ARTERIOSCLEROTIC CARDIO VASCULAR DISEASE DUE TO (A) (B) (C) DIABETES MELLITUS		INTERVAL BETWEEN ONSET AND DEATH - 4 years - years - years			
18. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from SEPT. 17, 1951 to NOV. 11, 1951 , that I last saw the deceased alive on NOV. 11, 1951 and that death occurred at 5:40 A.M. , from the causes and on the date stated above.					
23A. SIGNATURE Gene H. Cohen		23B. ADDRESS M. D. 1000 for women of Maryland		23C. DATE SIGNED Nov. 11, 1951	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE Nov 15/51		24C. NAME OF CEMETERY OR CREMATORY Oak Lawn	
24D. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR Ullrich Funeral Home 2004 Calver			
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE William H. Williams		ADDRESS	

MEDICAL CERTIFICATION



H-620
51 9792
BIRTH NO. 51-26630

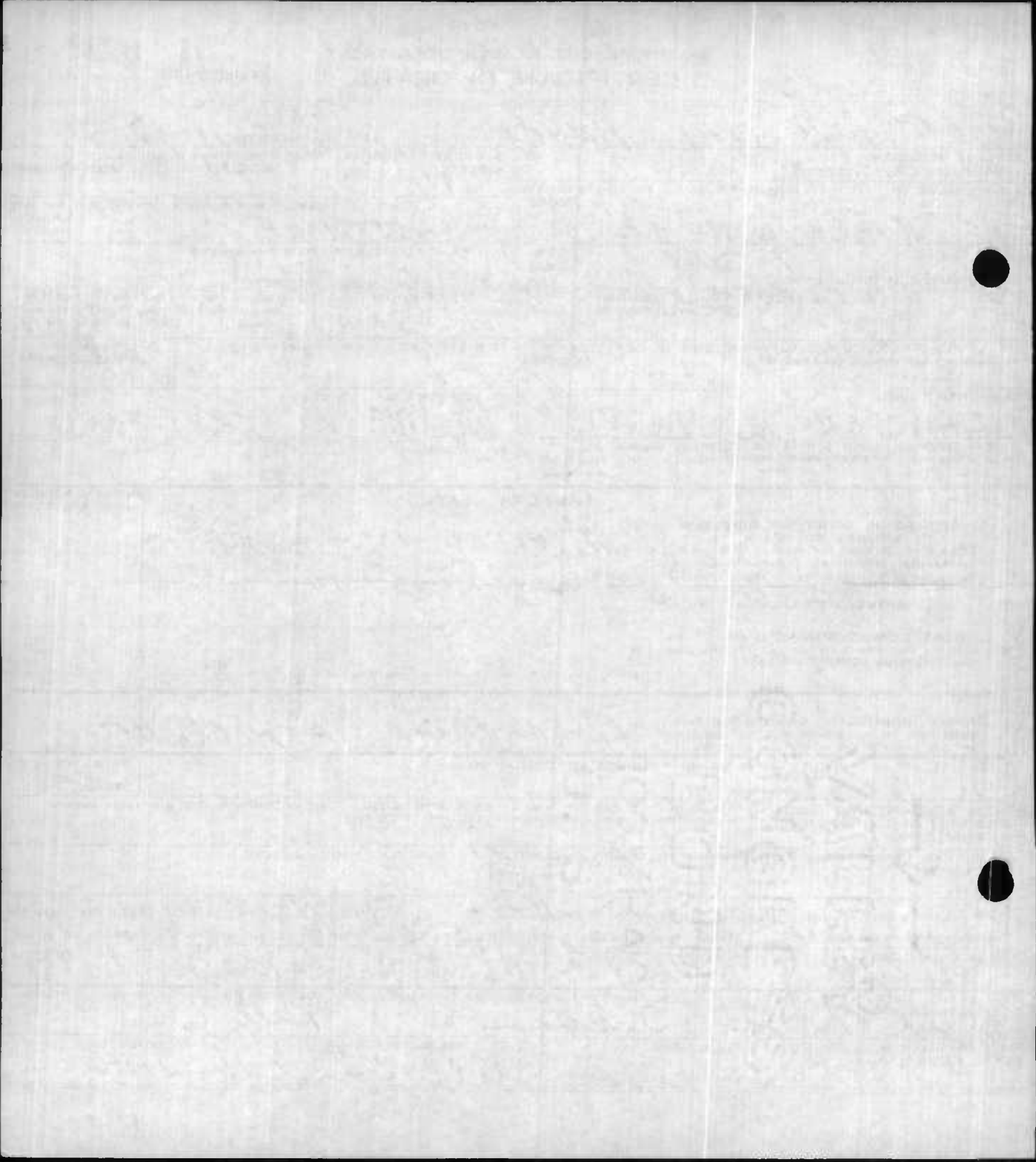
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

X 51 9792
Registered No.

1. NAME OF DECEASED (Type or Print) BABY GIRL HARRIS		2. DATE OF DEATH 11-12-57	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD. B. COUNTY Baltimore	
B. FULL NAME OF HOSPITAL OR INSTITUTION THE CHURCH HOME & HOSP.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE	
C. Length of stay in Baltimore 1 DAY		D. STREET ADDRESS (If rural, give location) 9860 WELLS ST. 5300	
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 11-12-57
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		11. BIRTHPLACE (State or foreign country) MD.	
10B. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME CAMERON B. HARRIS.		14. MOTHER'S MAIDEN NAME PAULINE V. CRAWFORD.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT		ADDRESS	

18. 762.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) ATELECTASIS - Respiratory congestion.	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(A) DUE TO	
	(B) DUE TO	
	(C) DUE TO	

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. INTRACRANIAL HEMORRHAGE		
19A. DATE OF OPERATION 11-12-57	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 11-12-57 , to 11-12-57 , that I last saw the deceased alive on 11-12-57 , and that death occurred at 5:30 m., from the causes and on the date stated above.		
23A. SIGNATURE Robert G. Sloan	23B. ADDRESS Church Home & Hospital	23C. DATE SIGNED 11/12/57
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE Nov 13/57	24C. NAME OF CEMETERY OR CREMATORY Oak Lane
24D. LOCATION (City, town, or county) (State) Balt Co	25. FUNERAL DIRECTOR William L. Williams	
DATE RECEIVED BY LOCAL REGISTRAR NOV 13 1957		REGISTRAR'S SIGNATURE William L. Williams



H-220

51 9793

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 9793

Registered No.

1. NAME OF DECEASED (Type or Print) <i>Samuel Hughes</i>		2. DATE OF DEATH <i>Nov 11, 1951</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Mercy Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balt.</i> <i>8-07</i>	
C. Length of stay in Baltimore <i>27 years</i>		D. STREET ADDRESS (If rural, give location) <i>1108 N Wolfe St.</i>	
5. SEX <i>M</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>March 13, 1878</i>
			9. AGE (in years last birthday) <i>73</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Railroad work</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Railroad Co.</i>	11. BIRTHPLACE (State or foreign country) <i>Pennsylvania</i>
13. FATHER'S NAME <i>John Hughes</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		14. MOTHER'S M maiden NAME <i>Melvina Jurod</i>	
16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS	

18. <i>298.1</i>	CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) <i>Enlarged spleen</i>	<i>unknown</i>	
ANTECEDENT CAUSES	(B) <i>unknown</i>		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(C)		

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

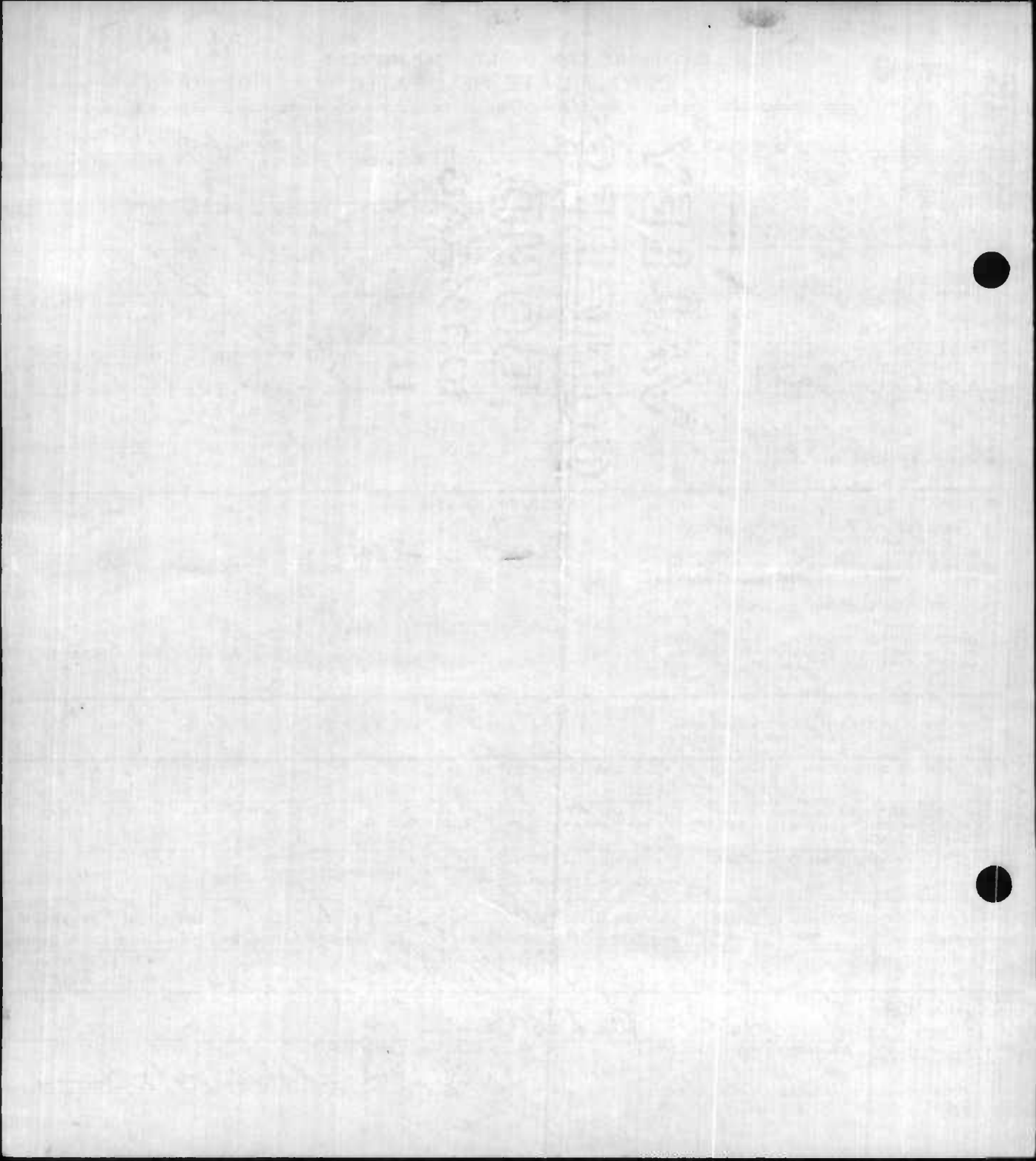
19A. DATE OF OPERATION <i>0</i>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Nov 8, 1951* to *Nov 11, 1951*, that I last saw the deceased alive on *Nov 11, 1951*, and that death occurred at *11:55 Am.*, from the causes and on the date stated above.

23A. SIGNATURE <i>H. Mackin</i>	23B. ADDRESS <i>Calvert & Saratoga St.</i>	23C. DATE SIGNED <i>Nov 12, 1951</i>
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24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE <i>Nov 14/51</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Balto Cem</i>	24D. LOCATION (City, town, or county) (State)
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DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE <i>H. Mackin</i>	25. FUNERAL DIRECTOR <i>William J. ...</i>	ADDRESS <i>Home 2004 Calverton</i>
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51 9794

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 9794

Registered No. _____

BIRTH NO. _____

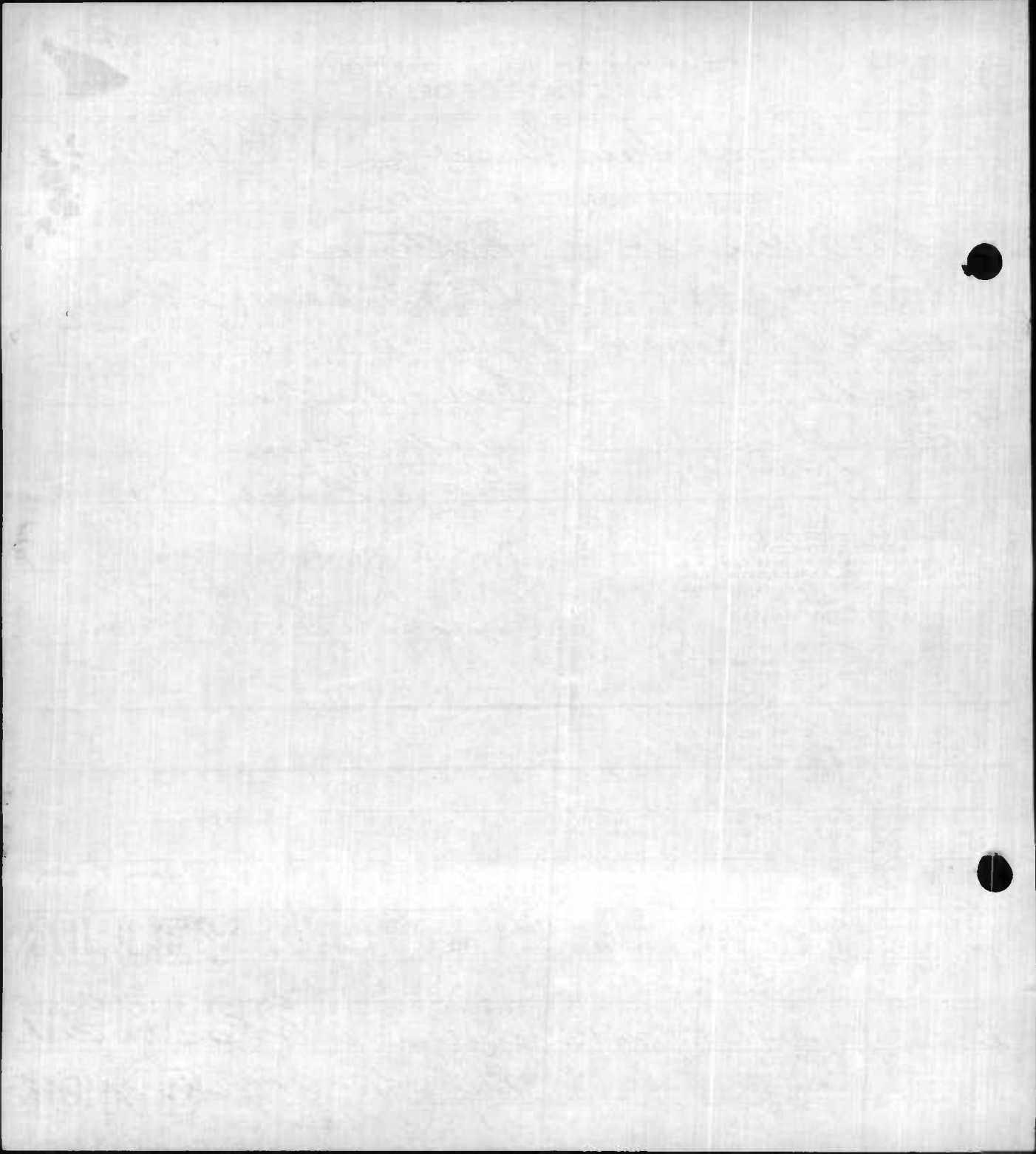
1. NAME OF DECEASED (Type or Print) <i>Emma Sue Finney</i>			2. DATE OF DEATH <i>Nov 10, 1951</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE <i>Ind</i>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>1833 E. Chase St.</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 7-04</i>		
C. Length of stay in Baltimore <i>35 yrs.</i>			D. STREET ADDRESS (If rural, give location) <i>1833 E. Chase St</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>July 15, 1895</i>	9. AGE (In years last birthday) <i>56</i>	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>			10B. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <i>Nathanial</i>			14. MOTHER'S MAIDEN NAME <i>Siddie Duncan</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT <i>George Finney</i>			ADDRESS <i>1833 E. Chase St</i>		

18. <i>443X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH (A) <i>Hypertensive Cardio-vascular disease</i>	INTERVAL BETWEEN ONSET AND DEATH <i>1946</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) <i>Atherosclerosis</i>	<i>1946</i>
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(C)	

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from *7/23*, 19*46*, to *11/10*, 19*51*, that I last saw the deceased alive on *11/8*, 19*51*, and that death occurred at *10 A.* m., from the causes and on the date stated above.

23A. SIGNATURE <i>[Signature]</i>		23B. ADDRESS <i>1422 E. Ross St</i>		23C. DATE SIGNED <i>11/13/51</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Nov 14/51</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Mt Calvary Cem.</i>	
24D. LOCATION (City, town, or county) (State) <i>A A County Md</i>		25. FUNERAL DIRECTOR <i>Mr. Albert A. Elliott & Daughter</i>		ADDRESS <i>1129 N. Caroline St. 937</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>IV 131951</i>		REGISTRAR'S SIGNATURE <i>[Signature]</i>			



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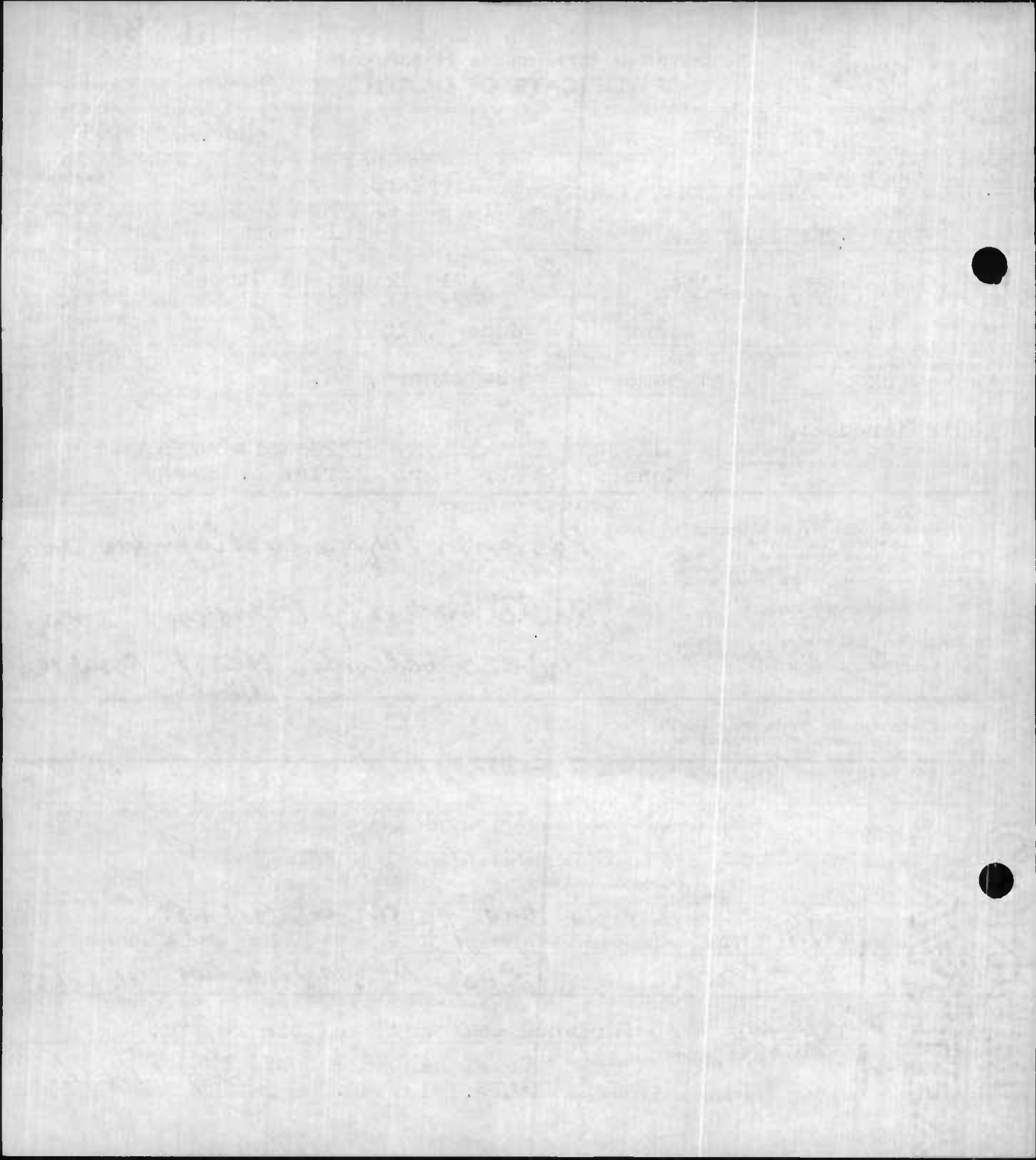
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

1. NAME OF DECEASED (Type or Print) KATHRYN BROWN		2. DATE OF DEATH Nov. 12, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) 1713 HOMESTEAD STREET		C. CITY OR TOWNSHIP (If outside corporate limits, write RURAL and give township) Baltimore 9-07	
C. Length of stay in Baltimore Life Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 1713 Homestead Street	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH June 8, 1887
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10B. KIND OF BUSINESS OR INDUSTRY at home	9. AGE (In years last birthday) 64
11. BIRTHPLACE (State or foreign country) Baltimore, Md.		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Louis Ahrenberg		14. MOTHER'S MAIDEN NAME ?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT Mr & Mrs Charles L. Brown		1220 Walters Avenue ADDRESS	

18. 420.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Posterior Myocardial Infarction 2 days		CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Acute Coronary Thrombosis 2 days		(A) DUE TO	
		(B) DUE TO	Anterior Sclerotic Heart Disease about 1 year
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(C) DUE TO	

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Oct. 1950 , to Nov. 11, 1951 , that I last saw the deceased alive on Nov. 11, 1951 , and that death occurred at 7:15 A. M. , from the causes and on the date stated above.					
23A. SIGNATURE Julius C. Glueck		23B. ADDRESS 5356 Reisterstown Rd		23C. DATE SIGNED 11/12/51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 11/14/51		24C. NAME OF CEMETERY OR CREMATORY Parkwood Cemetery	
				24D. LOCATION (City, town, or county) (State) Baltimore, Md.	
DATE RECEIVED BY LOCAL REGISTRAR NOV 13 1951		REGISTRAR'S SIGNATURE HENRY SANDER & SONS, INC		FUNERAL DIRECTOR ADDRESS BALTO., 13, MD.	



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) <i>Sadowski, Stanislaw ELIZABETH</i>		2. DATE OF DEATH <i>11/10/51</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>MD.</i> B. COUNTY <i>city</i>	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>Church Home & Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto MD. 2-02</i>	
C. Length of stay in Baltimore <i>69</i> Yrs. <i>3</i>		D. STREET ADDRESS (If rural, give location) <i>1808 Eastern Ave.</i>	
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>MAY 5, 1874</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>at home</i>	9. AGE (In years last birthday) <i>77</i>
11. BIRTH PLACE (State or foreign country) <i>Poland</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>Zabrowski, Albert</i>		14. MOTHER'S MAIDEN NAME <i>Kmiecik, Agatha</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>no</i>		16. SOCIAL SECURITY NO. <i>none</i>	
17. INFORMANT <i>Sadowski, Michael</i>		ADDRESS <i>1808 Eastern Ave</i>	

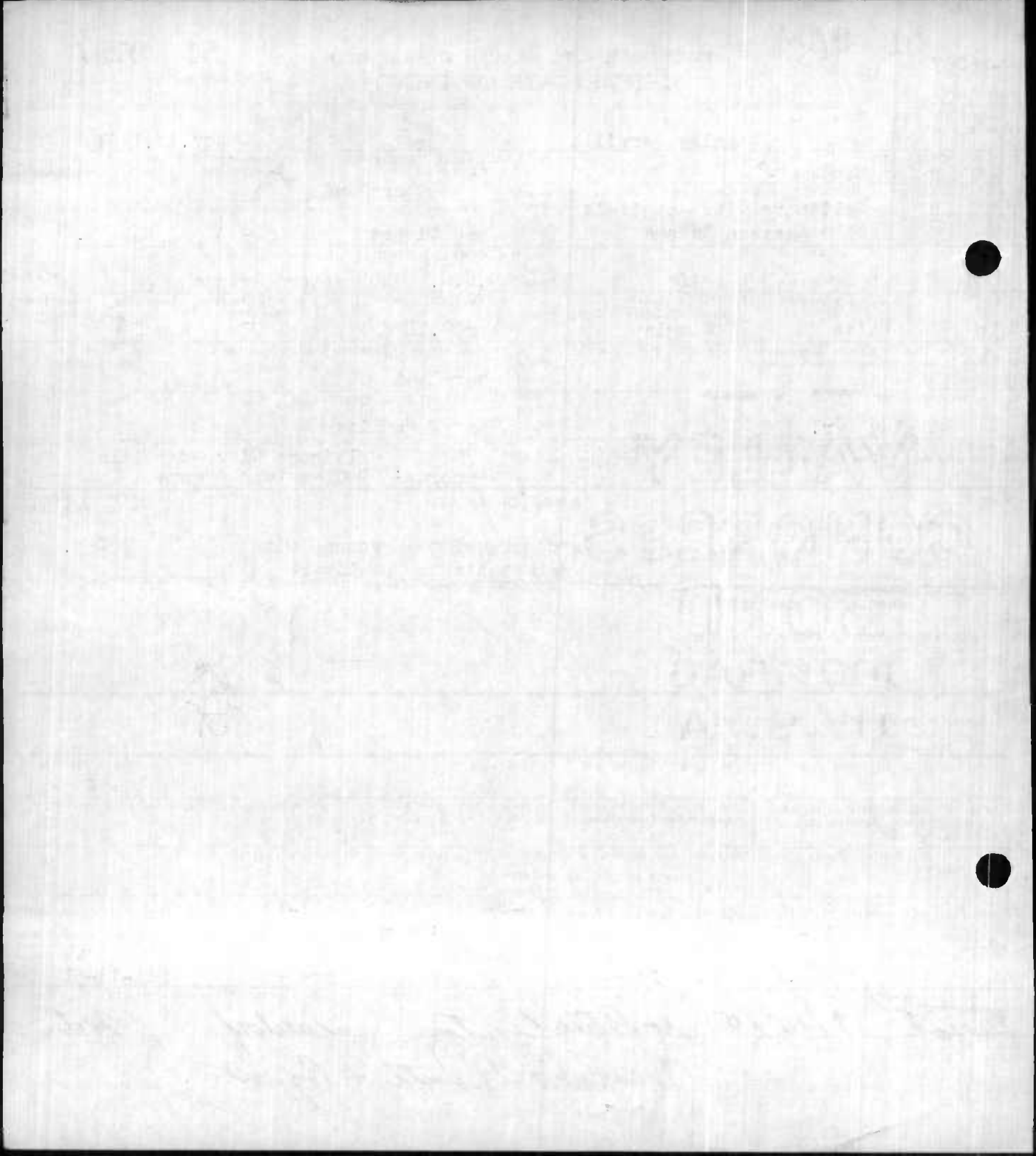
MEDICAL CERTIFICATION

18. <i>443X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) <i>Cardiac Insufficiency</i> DUE TO (B) <i>Hypertensive Cardiac Vascular Disease</i> DUE TO (C) <i>Arteriosclerosis gen</i> INTERVAL BETWEEN ONSET AND DEATH <i>3 yrs.</i>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>pulmonary edema</i>	
19A. DATE OF OPERATION <i>Nov 10</i>	19B. MAJOR FINDINGS OF OPERATION
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	21D. TIME (Month) (Day) (Year) (Hour) INJURY
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <i>Nov 8</i> , 19 <i>51</i> to <i>Nov 10</i> , 19 <i>51</i> ; that I last saw the deceased alive on <i>Nov 10</i> , 19 <i>51</i> , and that death occurred at <i>12:45</i> m., from the causes and on the date stated above.	
22A. SIGNATURE <i>Dr. Antonis</i>	22B. ADDRESS <i>Church Home & Hosp</i>
22C. DATE SIGNED <i>11/10/51</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>11/14/51</i>
24C. NAME OF CEMETERY OR CREMATORY <i>St. Stanislaw</i>	24D. LOCATION (City, town, or county) (State) <i>Baltimore Md.</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>Nov 13 1951</i>	REGISTRAR'S SIGNATURE <i>William H. Williams</i>
25. FUNERAL DIRECTOR & SONS, 'INC. BALTO., 13, MD. <i>Raymond P. Dunder</i>	

RECEIVED - 1950



<div style="display: flex; justify-content: space-between;"> 51 9797 51 9797 </div>	
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH	
Registered No. _____	
BIRTH NO. _____	
1. NAME OF DECEASED (Type or Print) Stanley Norville	
2. DATE OF DEATH Nov. 12, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland	
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Avenue	
C. LENGTH OF STAY IN BALTIMORE Life	
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY _____	
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) B.C.H. 4940 Eastern Avenue	
5. SEX Male	
6. COLOR OR RACE White	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	
8. DATE OF BIRTH May 9, 1878	
9. AGE (in years last birthday) 73	
10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____	
10b. KIND OF BUSINESS OR INDUSTRY _____	
11. BIRTHPLACE (State or foreign country) Maryland	
12. CITIZEN OF WHAT COUNTRY? _____	
13. FATHER'S NAME Stanley Jr.	
14. MOTHER'S MAIDEN NAME Mary Pauline	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) _____	
16. SOCIAL SECURITY NO. _____	
17. INFORMANT Baltimore City Hospitals Records: 4940 Eastern Avenue	
18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Carcinoma of the rectum with metastasis to the liver DUE TO _____ ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO _____ OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. _____	
19. DATE OF OPERATION 11-29	
19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	
21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____	
21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____	
21d. TIME (Month) (Day) (Year) (Hour) INJURY _____	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from 11-29 , 19 33 , to 11-12 , 19 51 that I last saw the deceased alive on 11-12 , 19 51 , and that death occurred at 12:15pm , from the causes and on the date stated above.	
23a. SIGNATURE R. S. Rogers M. D.	
23b. ADDRESS 4940 Eastern Avenue	
23c. DATE SIGNED 11-13-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 9/15/51	
24c. NAME OF CEMETERY OR CREMATORY St. Peter's Cemetery	
24d. LOCATION (City, town, or county) (State) Waldorf Md.	
DATE RECEIVED BY LOCAL REGISTRAR NOV 13 1951	
REGISTRAR'S SIGNATURE Wm. H. Williams	
25. FUNERAL DIRECTOR Smith & Ryan	
ADDRESS _____	



00

51 9798

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 9798

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARY R. BUSHEY.

2. DATE
OF
DEATH

NOVEMBER 12 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland BALTIMORE CITY

B. FULL NAME OF DECEASED (If deceased lived in a nursing home, hospital or institution) HARFORD CONVALESCENCE HOME
4702 HARFORD AVE.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE BALTIMORE CITY.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE CITY MARYLAND.

D. STREET ADDRESS (If rural, give location)

4702 HARFORD AVE.

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

F.

6. COLOR OR RACE

W.

7. SINGLE, "MARRIED,"

WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Feb-19-1872

9. AGE (In years last birthday)

79

10 Under 1 Year

Months: Days

11 Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

T. Frank Bushey

14. MOTHER'S MAIDEN NAME

Annie C. Wile

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No

16. SOCIAL SECURITY NO.

None

17. INFORMANT

Family Records

ADDRESS

18. 442 X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) CHRONIC MYOCARDITIS JULY 6 1950.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) CHRONIC INTERSTITIAL NEPHRITIS.

DUE TO

1950

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH. BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C) CHRONIC GASTRIC ULCER

1950

1950

19A. DATE OF OPERATION

NONE

19B. MAJOR FINDINGS OF OPERATION

NONE

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from JULY 6 1950, to NOV 12 1951, that I last saw the deceased alive on NOV 12 1950, and that death occurred at 3 P.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

3013 ST PAUL STREET.

NOV 12 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Nov 15-1951

24C. NAME OF CEMETERY OR CREMATORY

Mt Olivet

24D. LOCATION (City, town, or county)

Frederick, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 13 1951

W. H. Williams, Jr.

Edmund S. E.

2224 N. Charles S

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION

RECEIVED - FBI
JAN 10 1961

TO :

FROM :

DATE: JAN 10 1961

RE: [illegible]

TO :

FROM :

RE: [illegible]

DATE: [illegible]

RE: [illegible]

TO :

FROM :

RECEIVED - FBI
JAN 10 1961

RE: [illegible]

TO :

RECEIVED - FBI
JAN 10 1961

51 9799

51 9799

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) MARY ELIZABETH STOCKSDALE		2. DATE OF DEATH 11-13-51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY —	
B. FULL NAME OF HOSPITAL OR INSTITUTION Union Memorial Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 9-03	
C. Length of stay in Baltimore 72 <small>Yrs. Mos. Days</small>		D. STREET ADDRESS (If rural, give location) 3535 Greenmount Ave - 18	
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 3-12-79
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY at home	9. AGE (In years last birthday) 72
13. FATHER'S NAME Jesse Lee Mc Cre		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. no	
17. INFORMANT Mr. Murray T. Stocksdales		ADDRESS Ave. 3535 Greenmount	
18. 443 x I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Cerebral Vascular accident 4 da DUE TO (B) Hypertensive cardio-vascular disease ? DUE TO (C) —		INTERVAL BETWEEN ONSET AND DEATH	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 11-9 , 19 51 , to 11-13 , 19 51 , that I last saw the deceased alive on 11-13 , 19 51 , and that death occurred at 7:28 A m., from the causes and on the date stated above.			
23A. SIGNATURE Harvey S. Green, Jr.		23B. ADDRESS Union Memorial Hospital	
23C. DATE SIGNED 11/13/51		24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24B. DATE 11/16/51		24C. NAME OF CEMETERY OR CREMATORY New Cathedral Cemetery	
24D. LOCATION (City, town, or county) Balto., Md.		24E. FUNERAL DIRECTOR Wm. J. Dickens & Sons	
24F. ADDRESS 935 Balto., Md.		DATE RECEIVED BY LOCAL REGISTRAR NOV 13 1951	
REGISTRAR'S SIGNATURE Wm. J. Williams, Jr.		VS 150	

MEDICAL CERTIFICATION

Wm. J. Dickson, 4 Jan
1881

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

51 9800
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) ELMER H. STANSBURY		2. DATE OF DEATH Nov. 12, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY _____	
5. FULL NAME OF (If not in hospital or institution, give street address or location) 3123 Guilford Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 12-02	
D. STREET ADDRESS (If rural, give location) 3123 Guilford Ave.			
6. SEX male		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	
8. COLOR OR RACE white		9. AGE (in years last birthday) 69	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Owner		10B. KIND OF BUSINESS OR INDUSTRY Real Estate Business	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? _____	
13. FATHER'S NAME Charles Stansbury		14. MOTHER'S MAIDEN NAME Annie Harley	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. _____	
17. INFORMANT Mrs. Lillian Stansbury - 3123 Guilford Ave		ADDRESS _____	

18. 422.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral hemorrhage DUE TO (A) _____ DUE TO (B) Arteriosclerotic - cardio DUE TO (C) vascular disease		INTERVAL BETWEEN ONSET AND DEATH 12 days 5 yrs
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

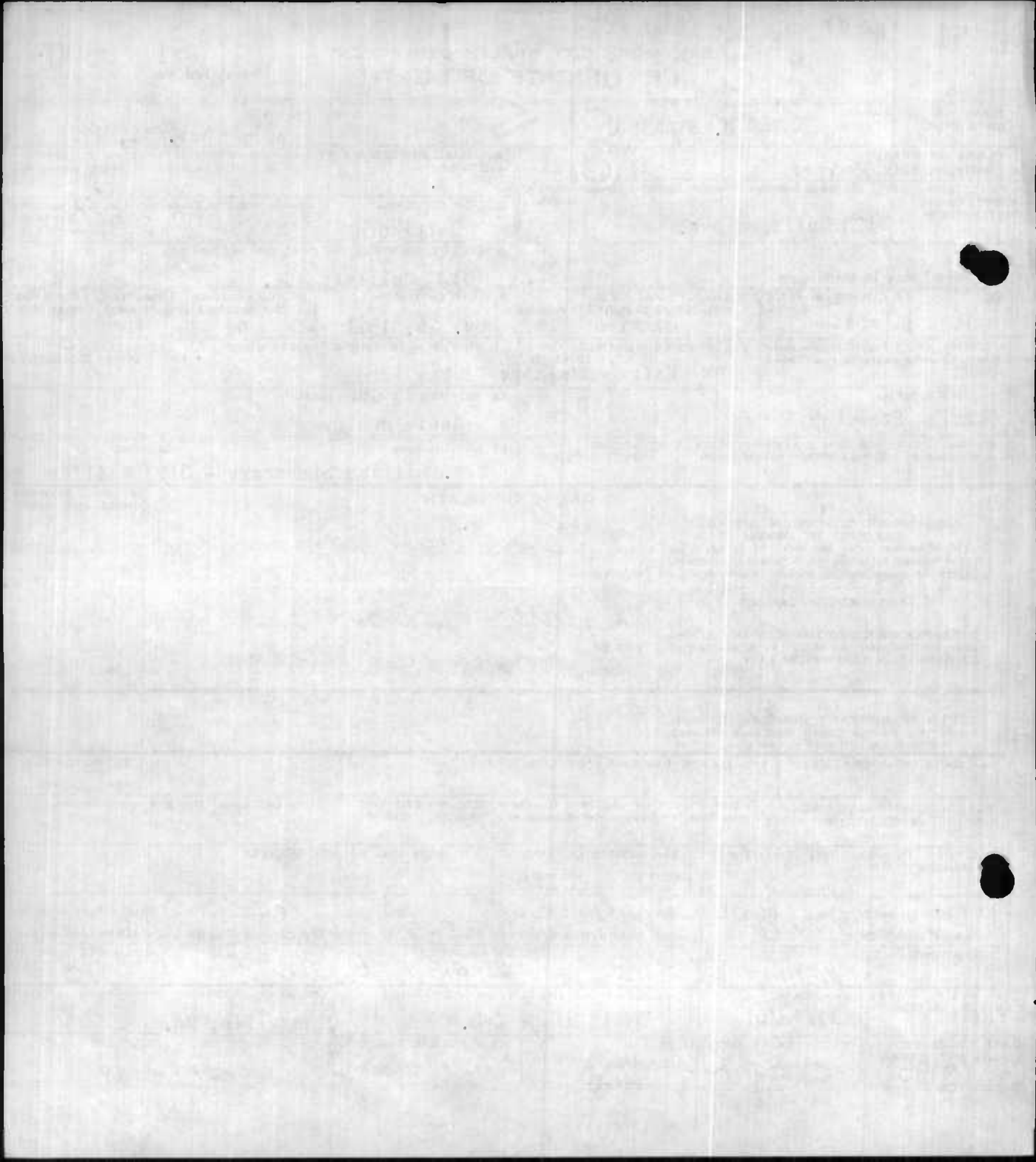
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Sept. 13, 1951 , to Nov 12, 1951 , that I last saw the deceased alive on Nov. 11, 1951 , and that death occurred at 5:30 a.m. , from the causes and on the date stated above.					
23A. SIGNATURE Thomas W. Todd M. D.		23B. ADDRESS 2108 St Paul St		23C. DATE SIGNED 11/13/51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 11/14/51		24C. NAME OF CEMETERY OR CREMATORY Druid Ridge Cem.	
24D. LOCATION (City, town, or county) (State) Pikesville, Md.		DATE RECEIVED BY LOCAL REGISTRAR NOV 13 1951		REGISTRAR'S SIGNATURE William J. Lickner & Sons	

VS 150

47074

931 Balto. Md.

MEDICAL CERTIFICATION

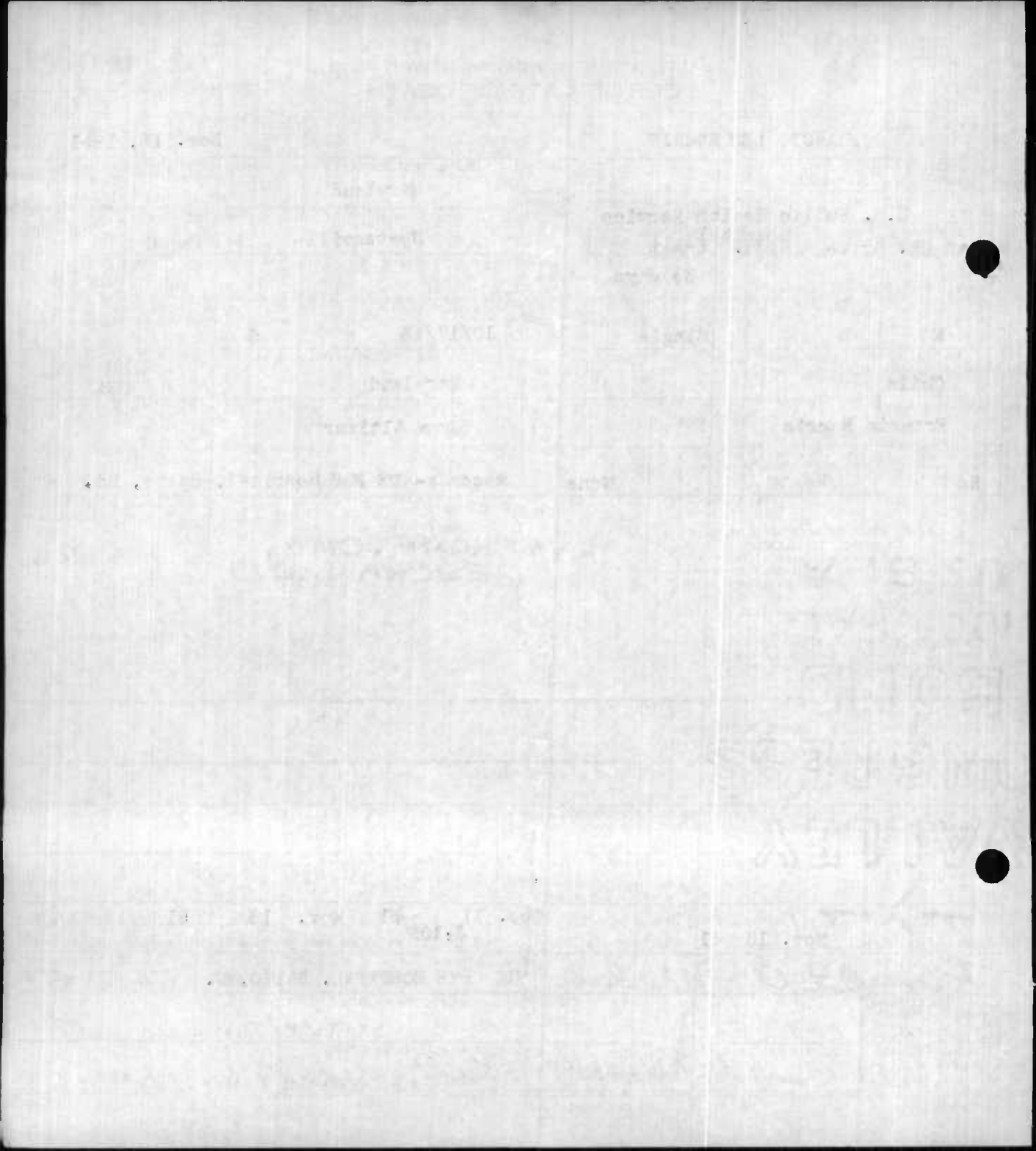


51 9801

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 9801
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) FRANCIS LEO NORRIS		2. DATE OF DEATH Nov. 13, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or location) U.S. Public Health Service Hospital W. Pk. Drive & 31st. Street C. Length of stay in Baltimore 33 days		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Prince George's C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Hyattsville Hyattsville D. STREET ADDRESS (If rural, give location) 6636	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 10/17/45
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 6
13. FATHER'S NAME Francis Norris		11. BIRTHPLACE (State or foreign country) Maryland	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		12. CITIZEN OF WHAT COUNTRY? USA	
16. SOCIAL SECURITY NO. None		14. MOTHER'S MAIDEN NAME Erma Altizer	
18. 200.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) LYMPHOSARCOMA, GENERALIZED		17. INFORMANT Records- US PHS Hospital, Balto, Md.	
19A. DATE OF OPERATION 2		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES		INTERVAL BETWEEN ONSET AND DEATH 6 MOS.	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from Oct. 11, 1951 , to Nov. 13, 1951 that I last saw the deceased alive on Nov. 13, 1951 , and that death occurred at 3:10 P.M. , from the causes and on the date stated above.	
23A. SIGNATURE Ronald A. Welsh		23B. ADDRESS US PHS HOSPITAL, BALTO, MD.	
23C. DATE SIGNED 11-13-51		24A. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	
24B. DATE 11-13-51		24C. NAME OF CEMETERY OR CREMATORY	
24D. LOCATION (City, town, or county) (State) Hyattsville, Md.		25. FUNERAL DIRECTOR Francis Gasch's Son	
DATE RECEIVED BY LOCAL REGISTRAR NOV 14 1951		ADDRESS Hyattsville Md.	



51 9802

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 9802
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JAMES F. LOUDENSLAGER.

2. DATE

OF DEATH NOV 10 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland BALTIMORE CITY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR 1808 W. Baltimore St.
INSTITUTION NONE4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE BALTIMORE CITY
B. COUNTYC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
BALTIMORE CITY MARYLAND. 20-01

D. STREET ADDRESS (If rural, give location)

1808 WEST BALTIMORE STREET.

c. Length of stay in Baltimore

74 Years

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Widower

8. DATE OF BIRTH

July 29th. 1877

9. AGE (In years last birthday)

74

If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of work done during most of worklog life, even if retired)
Retired10B. KIND OF BUSINESS OR INDUSTRY
Hotel Business

11. BIRTHPLACE (State or foreign country)

Baltimore Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Jesse Loudenslager

14. MOTHER'S MAIDEN NAME

Emma Kelly

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Rose Delcher 1808 W. Baltimore St.

18. 422.1 I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) APOPLEXY NOVEMBER 10 1951

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE, (A) STATING THE UNDERLYING CONDITION LAST.

(B) CHRONIC MYOCARDITIS.

DUE TO

1950

(C) ARTERIOR SCLEROSIS.

1950

NONE

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

NONE

19B. MAJOR FINDINGS OF OPERATION

NONE

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from AUGUST 8, 1951, to NOV 10, 1951, that I last saw the deceased alive on NOV 10, 1951, and that death occurred at 9.30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

11/14/51

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cemetery

24D. LOCATION (City, town, or county)

Baltimore Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 14 1951

R. L. Williams, M.D.

L. L. Bayne

1512 Hollins St.

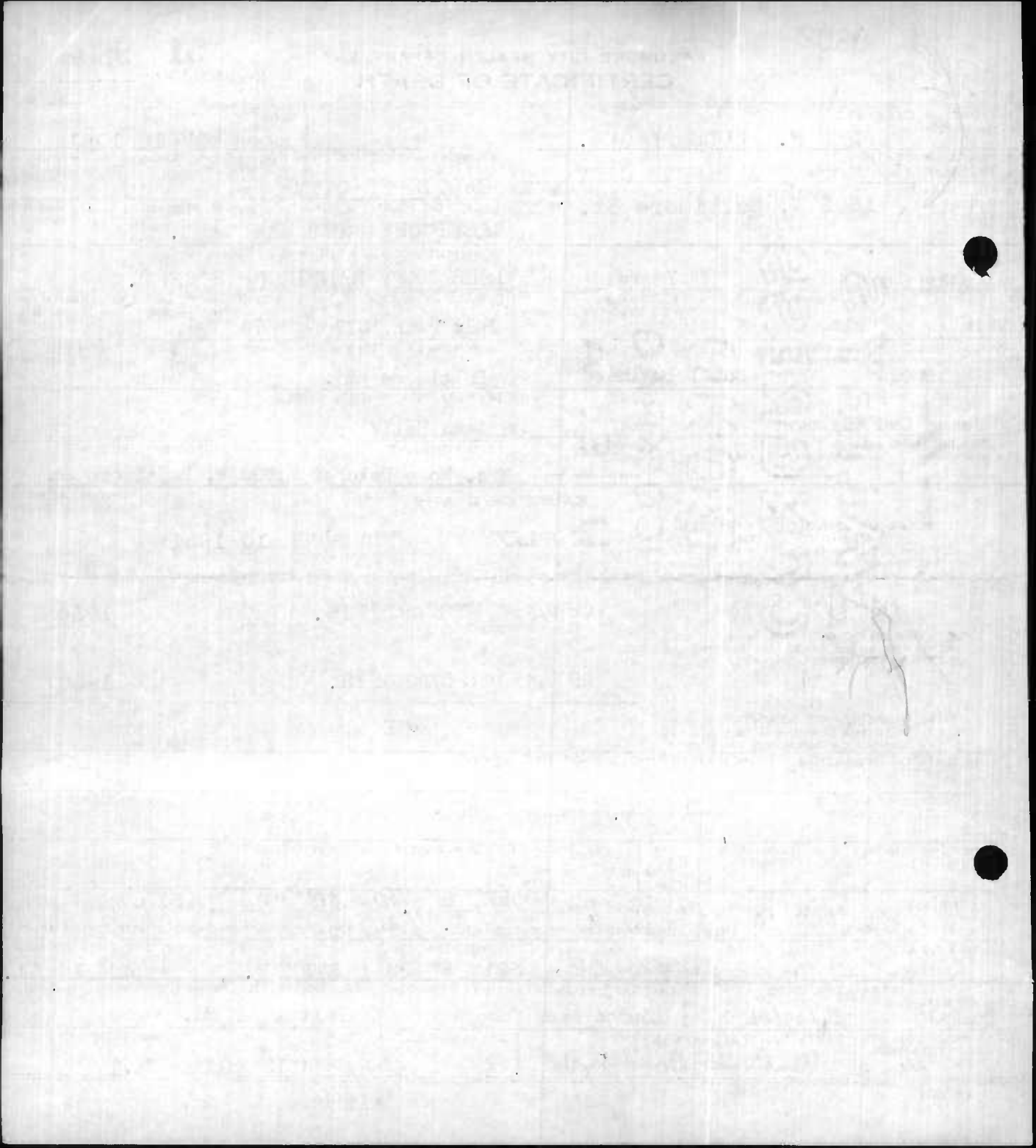
VS 150

2908B

Baltimore 23 Md.

93D

MEDICAL CERTIFICATION



51 9803

51 9803

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Sarah Goldman		2. DATE OF DEATH November 13, 1951	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Maryland b. COUNTY	
b. FULL NAME OF HOSPITAL OR INSTITUTION 2628 Oswego Ave		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore 45 Yrs		d. STREET ADDRESS (If rural, give location) 2628 Oswego Ave	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH 1881
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife own home		10b. KIND OF BUSINESS OR INDUSTRY own home	9. AGE (In years last birthday) 70
11. BIRTHPLACE (State or foreign country) Poland		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Isaac Eisner		14. MOTHER'S MAIDEN NAME Mollie ?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) Yes, no or unknown		16. SOCIAL SECURITY NO.	
17. INFORMANT Jacob J Goldman		ADDRESS 3435 Wabash Ave	

18. 420.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic Heart Disease	CAUSE OF DEATH (A) Arteriosclerotic Heart Disease DUE TO	INTERVAL BETWEEN ONSET AND DEATH 5 years
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B)	DUE TO	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. None	(C)	

19A. DATE OF OPERATION 0	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from June 1, 1946 , to Nov. 13, 1951 , that I last saw the deceased alive on Nov 13, 1951 , and that death occurred at 7:15 A.m. , from the causes and on the date stated above.		
23A. SIGNATURE Manuel Levin	23B. ADDRESS 4818 Reisterstown Rd	23C. DATE SIGNED Nov 13, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Nov, 14, 1951	24C. NAME OF CEMETERY OR CREMATORY Aitz Chaim Cong Cemetery	24D. LOCATION (City, town, or county) (State) Baltimore Maryland
DATE RECEIVED BY LOCAL REGISTRAR NOV 14 1951	REGISTRAR'S SIGNATURE William H. Williams	25. FUNERAL DIRECTOR Sol Levenson + Bros	ADDRESS 1126 W North ave

WALLEY
CONCRETE
CO.
S. A.

51 9804

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 9804

Registered No. _____

BIRTH NO.		1. NAME OF DECEASED (Type or Print) Joseph Tobokof		2. DATE OF DEATH November 13, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY _____			
B. FULL NAME OF HOSPITAL OR INSTITUTION 4613 Park Heights Ave		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 15-11			
C. Length of stay in Baltimore 60 Yrs		D. STREET ADDRESS (If rural, give location) 3606 Denison Road			
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widower	8. DATE OF BIRTH 1866	9. AGE (In years last birthday) 85	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Retail Business		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Russia	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME Aaron Tobokof		14. MOTHER'S MAIDEN NAME Unkown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Mr Abraham Epstein 3606 Denison Road	
18. 422.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.) myocardial infarction DUE TO		CAUSE OF DEATH arterio sclerosis DUE TO		INTERVAL BETWEEN ONSET AND DEATH 24 hours 20 years	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from June 31, 1951 , to Nov 12, 1951 , that I last saw the deceased alive on Nov 12, 1951 , and that death occurred at 12:30 P.M. , from the causes and on the date stated above.					
23A. SIGNATURE Joseph Tobokof		23B. ADDRESS 1220 Euton Ave.		23C. DATE SIGNED Nov 13/51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Nov 14, 1951		24C. NAME OF CEMETERY OR CREMATORY Bnai Israel Cemetery	
24D. LOCATION (City, town, or county) (State) Baltimore Md		25. FUNERAL DIRECTOR Sol. Levinson Bms		ADDRESS 1126 W North Ave	

MEDICAL CERTIFICATION

NOV 14 1951

VS 150

935

622

[Faint, mostly illegible text and markings across the page, possibly bleed-through from the reverse side. Some faint words like "Page 1" and "Chapter 1" are visible.]

623
51 9805BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 9805
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>John S. Wright</i>		2. DATE OF DEATH <i>11/8/51</i>	
3. PLACE OF DEATH: a. Baltimore City, Maryland <i>Balto Md.</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>120 N. Gilman St</i> b. COUNTY <i>16-03</i>			
b. FULL NAME OF HOSPITAL OR INSTITUTION <i>1120 N. Gilman St</i>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore Md</i>			
c. Length of stay in Baltimore		d. STREET ADDRESS (If rural, give location) <i>1120 N. Gilman St</i>			
5. SEX <i>m</i>	6. COLOR OR RACE <i>Col.</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>1889</i>	9. AGE (In years last birthday) <i>62 yrs</i>	10. Under 1 Year Months: Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Laborer</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Gen</i>		11. BIRTHPLACE (State or foreign country) <i>Supington Va.</i>	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME			
14. MOTHER'S MAIDEN NAME		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>no</i>			
16. SOCIAL SECURITY NO.		17. INFORMANT <i>Cinema Wright 1120 Gilman St</i>			

18. *491X*
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

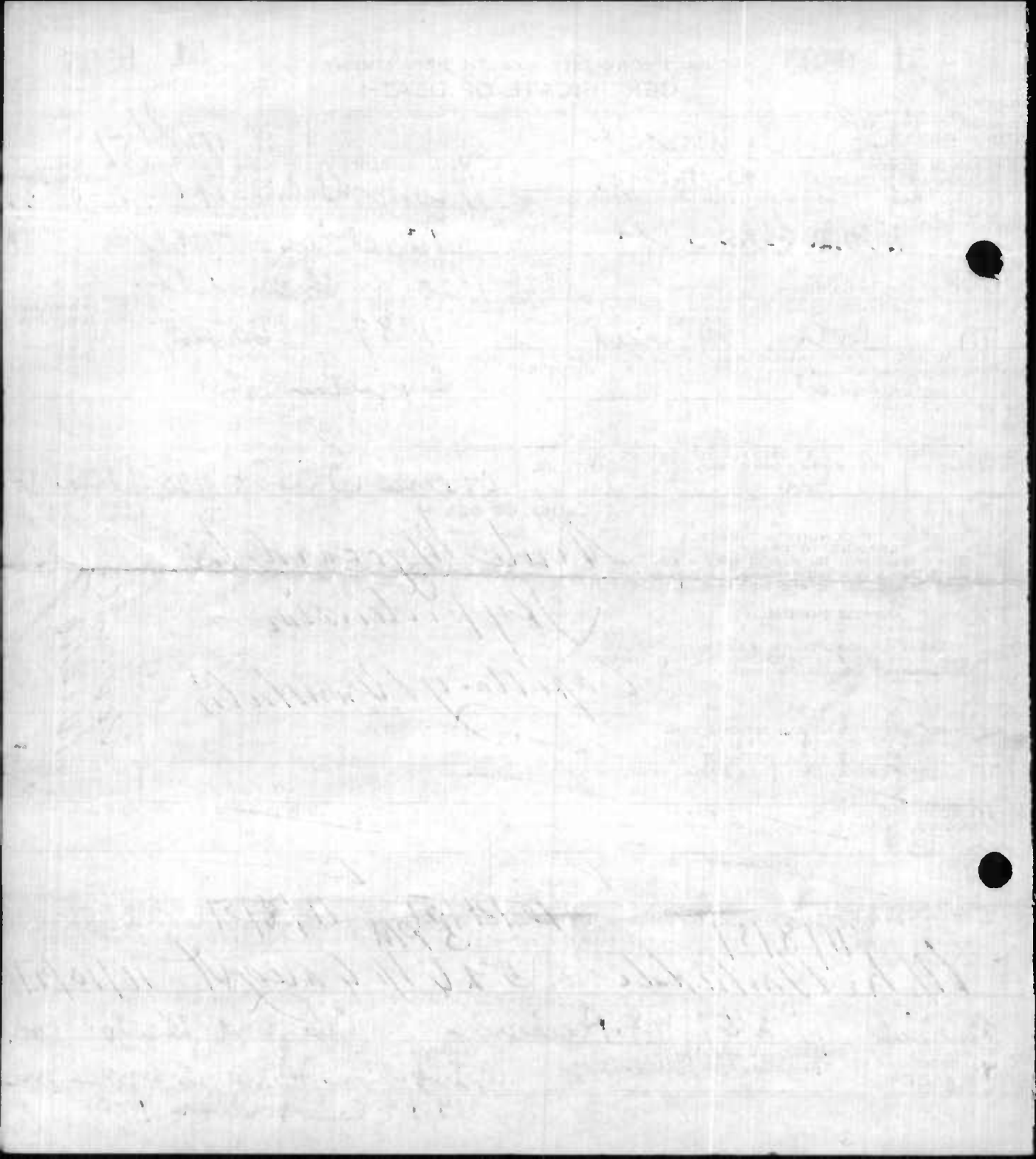
CAUSE OF DEATH

(A) *Acute Myocarditis*
DUE TO
(B) *Hypertension*
DUE TO
(C) *Capillary Bronchitis*

INTERVAL BETWEEN ONSET AND DEATH

Several weeks

19a. DATE OF OPERATION <i>0</i>		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>10/4/51</i> to <i>11/8/51</i> , that I last saw the deceased alive on <i>11/8/51</i> , and that death occurred at <i>5 PM</i> , from the causes and on the date stated above.					
23a. SIGNATURE <i>W. H. Winkler</i>		23b. ADDRESS <i>526 N. Carroll</i>		23c. DATE SIGNED <i>11/10/51</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>11/12/51</i>		24c. NAME OF CEMETERY OR CREMATORY <i>West Port Balto. Md</i>	
24d. LOCATION (City, town, or county) (State) <i>West Port Balto. Md</i>		24e. NAME OF CEMETERY OR CREMATORY <i>West Port Balto. Md</i>		24f. LOCATION (City, town, or county) (State) <i>West Port Balto. Md</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>NOV 14 1951</i>		REGISTRAR'S SIGNATURE <i>Metropolitan Funeral Home Inc</i>		25. FUNERAL DIRECTOR <i>Metropolitan Funeral Home Inc</i>	
VS 150		1949 Edmondson Ave		107	



51 9806
163
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

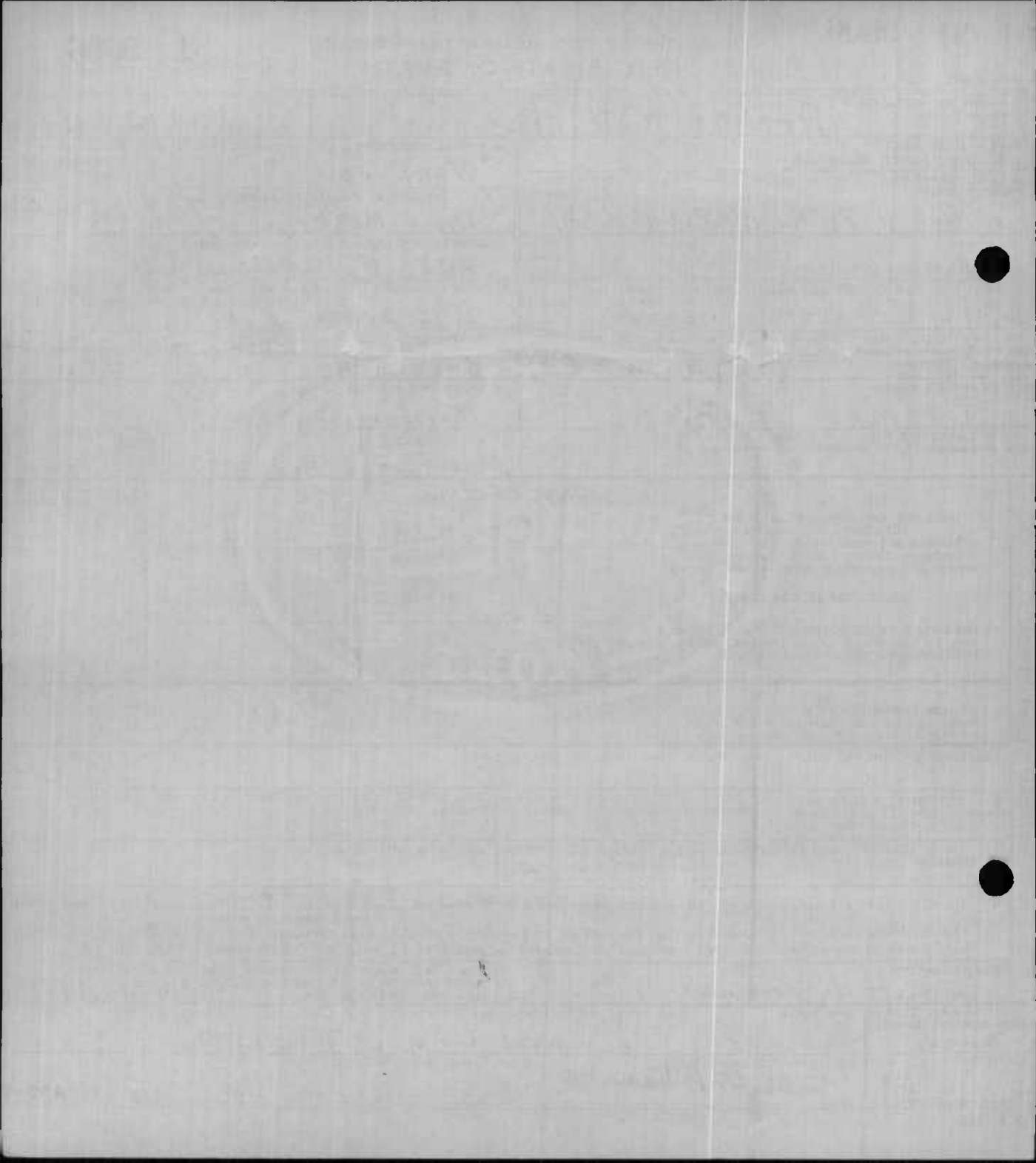
Registered No. 51 9806

1. NAME OF DECEASED (Type or Print) Arthur J. Roberts		2. DATE OF DEATH Nov. 12, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE MARYLAND B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL (DOR)		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 7-03	
C. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 2320 E. MADISON ST.	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH AUG. 28, 1873
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) STEWARD		10B. KIND OF BUSINESS OR INDUSTRY STEAMSHIP CO.	9. AGE (In years last birthday) 78 If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
13. FATHER'S NAME THOMAS ROBERTS		11. BIRTHPLACE (State or foreign country) BALTIMORE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME MATILDA SMITH	
17. INFORMANT MRS. ANNIE ROBERTS		ADDRESS 2320 E. MADISON ST.	

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CORONARY DISEASE	CAUSE OF DEATH CORONARY DISEASE	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) (C)	DUE TO (A) (B) (C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?		
22. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE Wm. H. Kammer, Jr.		23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR.....		23C. DATE SIGNED NOV. 13, 1951	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24B. DATE NOV. 15, 1951	24C. NAME OF CEMETERY OR CREMATORY BALTIMORE CEM.	24D. LOCATION (City, town, or county) (State) BALTO. MD.		
DATE RECEIVED BY LOCAL REGISTRAR NOV 14 1951		REGISTRAR'S SIGNATURE Wm. H. Kammer, Jr.		25. FUNERAL DIRECTOR ULLRICH FUNERAL HOME	
V S 151				ADDRESS 2008 ORLEANS ST.	

94a



51 9807

51 9807

BALTIMORE CITY HEALTH DEPARTMENT
 CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) Mr. Charles Starr		2. DATE OF DEATH Nov. 12, 1951	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Maryland b. COUNTY _____	
b. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Church Home & Hospital		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 6-02	
c. Length of stay in Baltimore 76 yrs.		d. STREET ADDRESS (If rural, give location) 2509 E. Fairmount Ave	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Feb 21 1875
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Painter		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (in years last birthday) 76 If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.
13. FATHER'S NAME James Henry Starr		11. BIRTHPLACE (State or foreign country) Maryland	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) Unknown		12. CITIZEN OF WHAT COUNTRY? USA	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME Sarah Howard	
17. INFORMANT Mrs Raymond Smith		ADDRESS 408 Hopkins Rd.	

18. 5401 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Perforated peptic ulcer with peritonitis		INTERVAL BETWEEN ONSET AND DEATH 3 days
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (A) _____ (B) _____ (C) _____		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

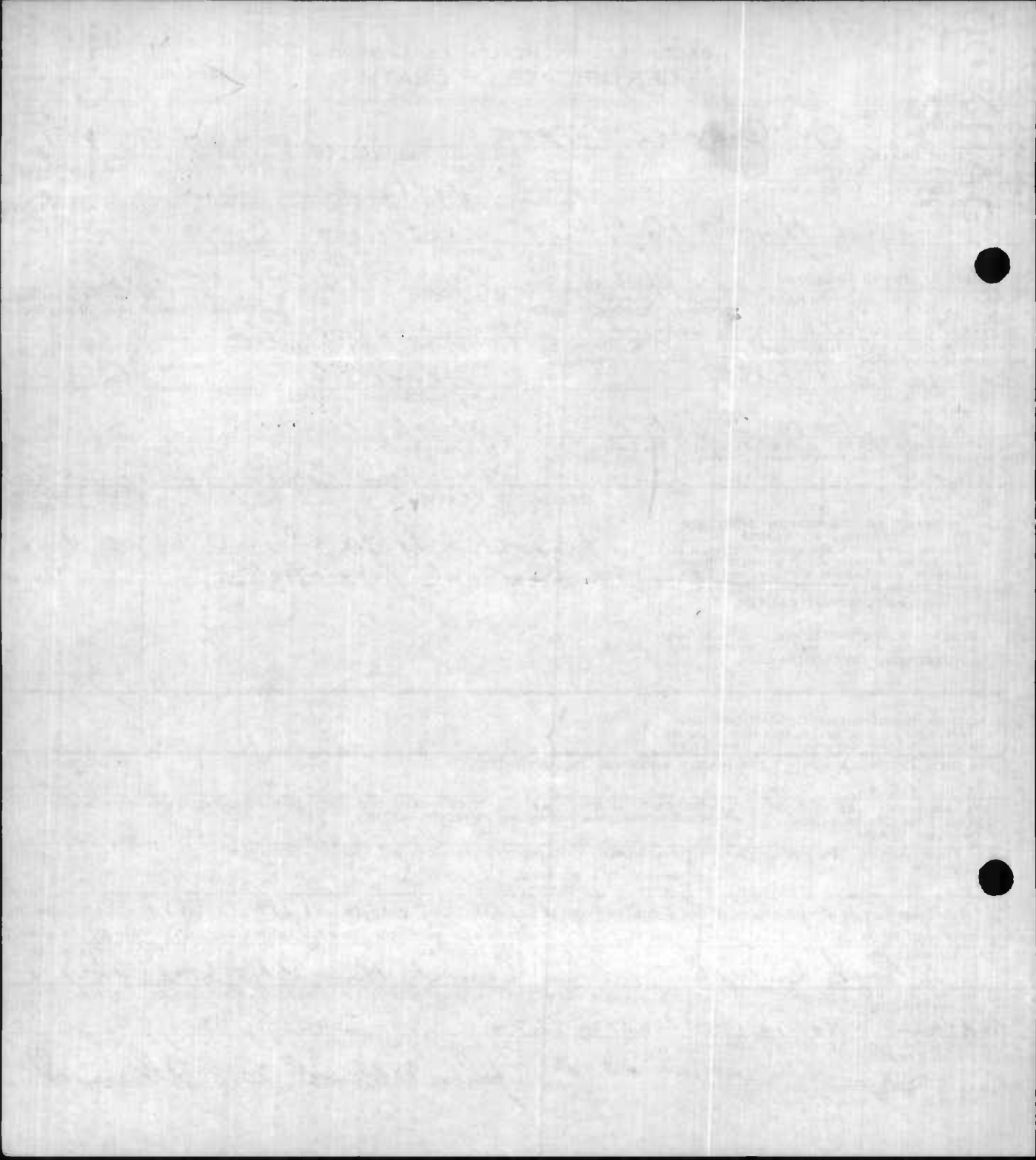
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 11/10 , 19 51 , to 11/12 , 19 51 , that I last saw the deceased alive on 11/12 , 19 51 , and that death occurred at 6:05 P m., from the causes and on the date stated above.					
23a. SIGNATURE J. Reed Carroll		23b. ADDRESS Church Home & Hospital		23c. DATE SIGNED 11/12/51	

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE Nov. 16, 1951		24c. NAME OF CEMETERY OR CREMATORY LOUDON PARK		24d. LOCATION (City, town, or county) (State) BALTO., MD.	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE Antington Williams		25. FUNERAL DIRECTOR John Reelich		ADDRESS 2008 Orleans St	

NOV 14 1951

117a

MEDICAL CERTIFICATION



435 51 9808		CERTIFICATE CORRECTED 12-11-51 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		51 9808	
BIRTH NO.				Registered No.	
1. NAME OF DECEASED (Type or Print) EDWARD SHELDON			2. DATE OF DEATH November 11, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore		
B. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Randlestown		
C. Length of stay in Baltimore LIFE			D. STREET ADDRESS (If rural, give location) Offut Road		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH Jan. 9, 1900	9. AGE (In years last birthday) 51	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NIGHT OFFICER			10B. KIND OF BUSINESS OR INDUSTRY EMERSON HOTEL		
13. FATHER'S NAME EDWARD			14. MOTHER'S MAIDEN NAME EU9		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) YES WAR I			16. SOCIAL SECURITY NO. 217-26-0769		
17. INFORMANT MARY SHELDON			ADDRESS SAME		
18. CAUSE OF DEATH					INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Craniocerebral injury DUE TO					
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO					
(C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIB. <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) street		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Liberty Road near Offut Road	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 11/11/51 6:30 P.		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Pedestrian struck by bus	
22. I certify that I took charge of the remains described above, held an Autopsy Inspection and Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE R. S. Fisher		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED 11/12/51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 11/14/1951		24C. NAME OF CEMETERY OR CREMATORY BALTO. HEBREW	
24D. LOCATION (City, town, or county) (State) BALTO. MD		25. FUNERAL DIRECTOR Jack Lewis Inc - 2500 EOTHAW PL.			
DATE RECEIVED BY LOCAL REGISTRAR NOV 14 1951		REGISTRAR'S SIGNATURE W. J. Williams, Jr.			
V S 151 N-856-290 PB 170C					

MEDICAL CERTIFICATION

Date: 1941

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160 51 9809

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 9809
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)*Isadore Shapiro*2. DATE
OF
DEATH*11/13/51*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)

Mercy Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Culta 7d 5-01

D. STREET ADDRESS (If rural, give location)

109 N. Front St

C. Birth of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

*W*7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)*Single*

8. DATE OF BIRTH

9. AGE (In years
last birthday)11 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.*36*

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

Broker

11. BIRTHPLACE (State or foreign country)

*Baltimore Md*12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Hyman

14. MOTHER'S MAIDEN NAME

*Leah*15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

*Simon Hornstein - 3313 Park Avenue Ave*18. *470.1*

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *Paroxysmic Disease*

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an *Inspection* thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

*E. Lubinski*23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
M.D. MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

*11/13/51*24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

11-14-51

24C. NAME OF CEMETERY OR CREMATORY

Rosedale

24D. LOCATION (City, town, or county)

*Balto**Md*DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

William H. Williams

25. FUNERAL DIRECTOR

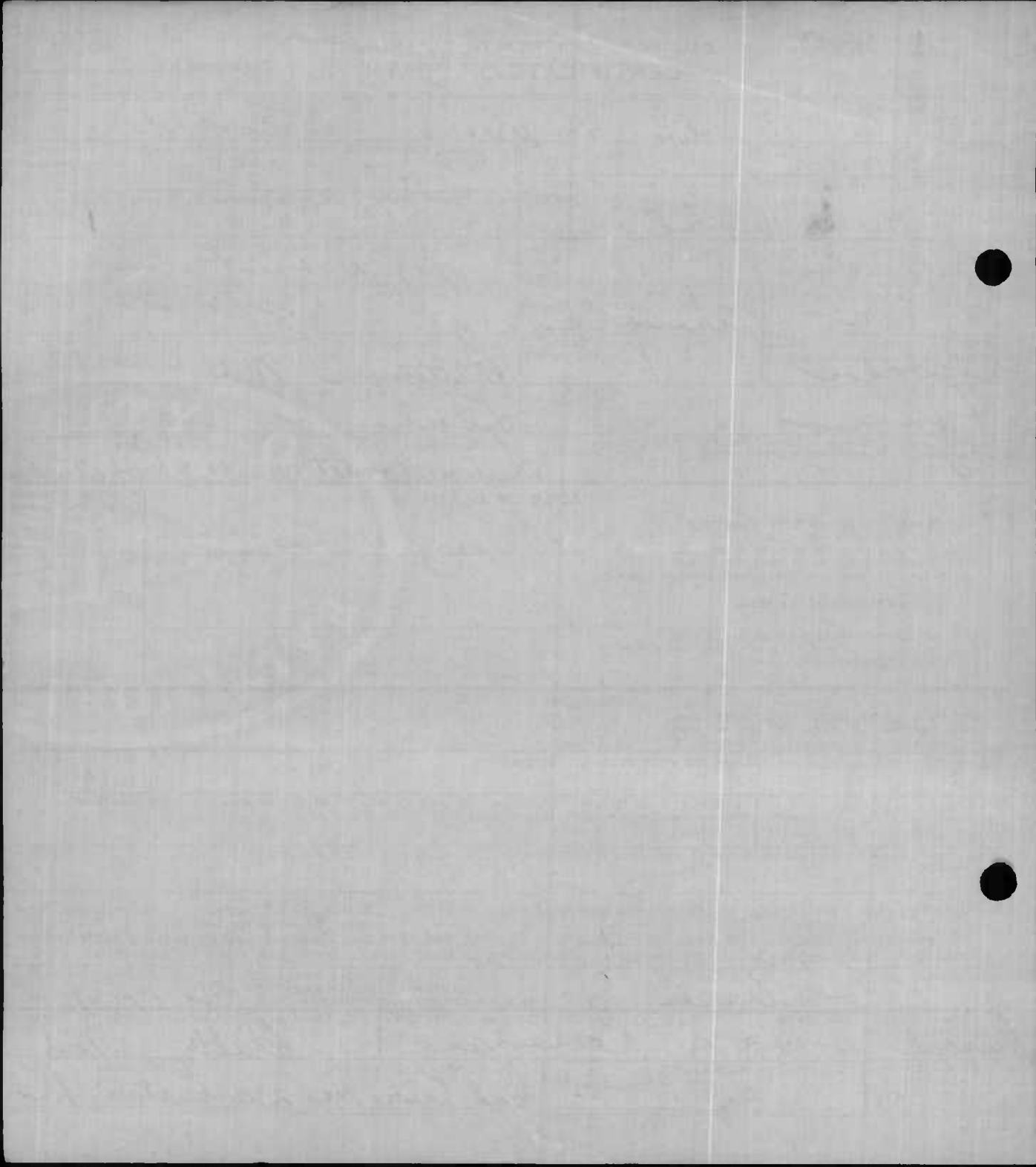
ADDRESS

Jack Lewis Inc 2100 Eutan Rd

VS 151

2066C

94a ✓



524 51 9810

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

51 9810

BIRTH NO. 51-24853

1. NAME OF DECEASED
(Type or Print)

Baby Winklen

2. DATE
OF
DEATH

11/13/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived before admission)
A. STATE B. COUNTY

2026 11/13/51
neulman. Balto

5. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Mercy Hosp.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto Md

6. Length of stay in Baltimore

20

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

2026 neulman Ar. 5300

7. SEX

F

8. COLOR OR RACE

w

9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

neulman

10. DATE OF BIRTH

10/23/51

11. AGE (In years last birthday)

12. Under 1 Year Months: Days: 20

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

neulman

10B. KIND OF BUSINESS OR INDUSTRY

—

11. BIRTHPLACE (State or foreign country)

Balto Md.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Henry Winklen

14. MOTHER'S MAIDEN NAME

Geraldine Merritt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Mr. Henry F. Winklen 2026 Leslie Ave

18. 7735 I CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Prematurity

INTERVAL BETWEEN ONSET AND DEATH

20 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO
(C)

sachisia

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

none

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/23/51, 19, to 11/13/51, 19, that I last saw the deceased alive on 11/13/51, 19, and that death occurred at 1:30 P.M., from the causes and on the date stated above.

23A. SIGNATURE

A. R. Perilla

M. D.

23B. ADDRESS

Mary Knap

23C. DATE SIGNED

11/13/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

11/14/51

24C. NAME OF CEMETERY OR CREMATORY

Parkwood Cem.

24D. LOCATION (City, town, or county)

Balto Md.

DATE RECEIVED BY LOCAL REGISTRAR

NOV 14 1951

REGISTRAR'S SIGNATURE

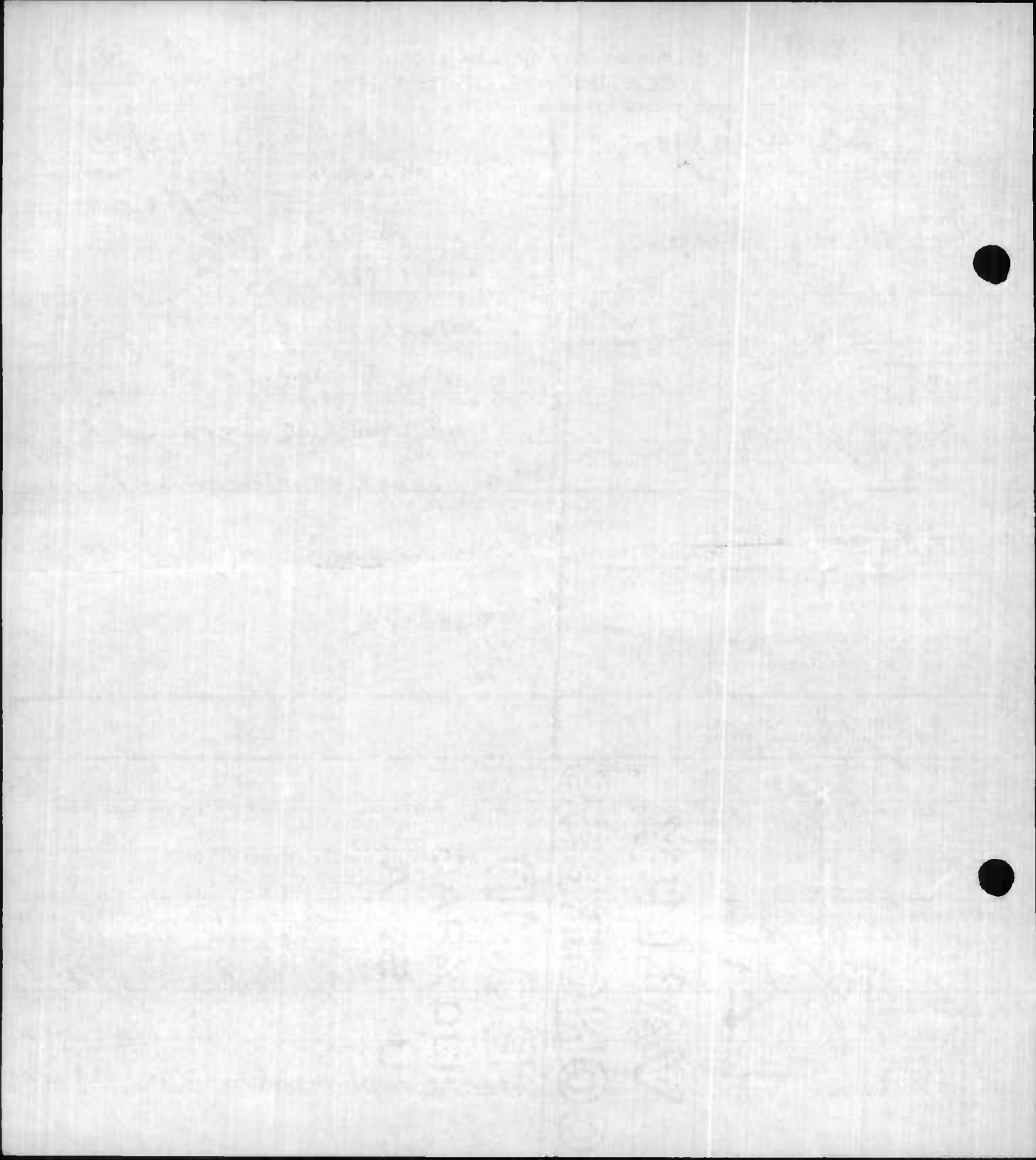
Wilmington Williams

25. FUNERAL DIRECTOR

ADDRESS

Larsahn Funeral Home 7401 Belair Rd

MEDICAL CERTIFICATION



645
51 9811

BALTIMORE CITY HEALTH DEPARTMENT

51 9811

CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____			2. DATE OF DEATH <u>Nov. 13, 1951</u>		
1. NAME OF DECEASED (Type or Print) <u>Baby Girl Moreland</u>			6. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>MD</u> B. COUNTY <u>Anne Arundel</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or location) <u>JOHNS HOPKINS HOSPITAL</u> C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Annapolis</u> <u>5200</u> D. STREET ADDRESS (If rural, give location) <u>Rt 4 Box 1069</u>					
c. Length of stay in Baltimore <u>2</u> Yrs. <u>0</u> Mos. <u>0</u> Days					
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>11-11-51</u>	9. AGE (In years last birthday) <u>0</u>	If Under 1 Year: Months <u>2</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____		10B. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>MD</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13. FATHER'S NAME <u>H. F. Moreland</u>			14. MOTHER'S MAIDEN NAME <u>MARGARET EROUSE</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) _____ (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____	17. INFORMANT ADDRESS <u>JOHNS HOPKINS HOSPITAL</u>		

18. <u>7768</u> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Prematurity</u> DUE TO (A) _____ ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (B) _____ OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. DUE TO (C) _____	CAUSE OF DEATH <u>Prematurity</u>	INTERVAL BETWEEN ONSET AND DEATH <u>48 hrs.</u>
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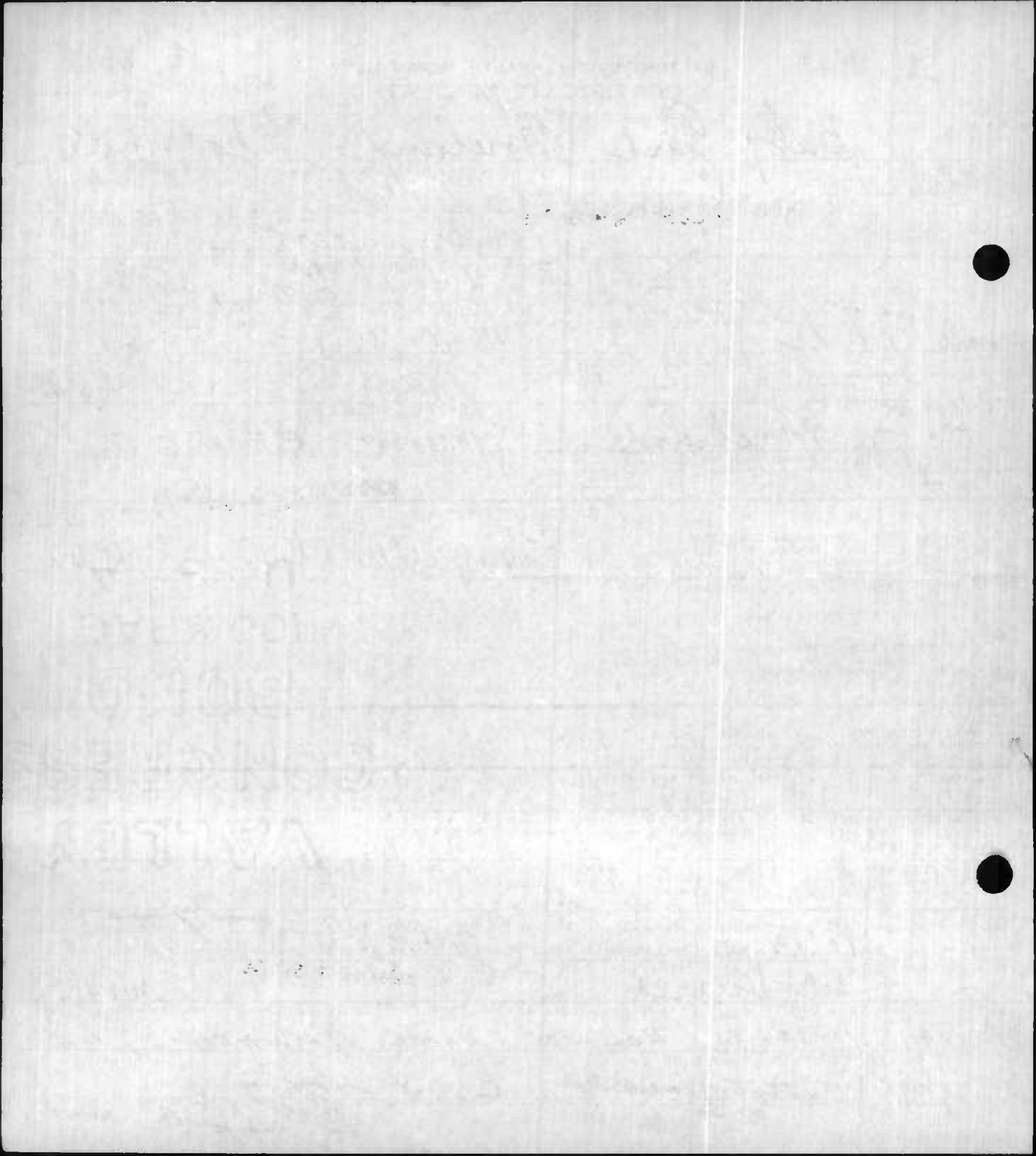
19A. DATE OF OPERATION <u>0</u>	19B. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____
21D. TIME (Month) (Day) (Year) (Hour) _____ INJURY _____	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from 11/11 4:19 PM, to 11/13, 1951, that I last saw the deceased alive on 11/13, 1951, and that death occurred at 11/13 4:19 PM, from the causes and on the date stated above.

23A. SIGNATURE <u>S. H. Causer</u>	23B. ADDRESS <u>JOHNS HOPKINS HOSPITAL</u>	23C. DATE SIGNED <u>11/14/51</u>
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24A. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24B. DATE <u>11-14-51</u>	24C. NAME OF CEMETERY OR CREMATORY <u>EDWARDS CHAPEL</u>	24D. LOCATION (City, town, or county) (State) <u>ANNAPOLIS, MD</u>
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DATE RECEIVED BY LOCAL REGISTRAR <u>NOV 14 1951</u>	REGISTRAR'S SIGNATURE <u>William H. Williams, Jr.</u>	25. FUNERAL DIRECTOR <u>Ben L. Hoping</u>	ADDRESS <u>159 W. Annapolis, Md.</u>
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633

51 9812

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 9812

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) AGNES G. BURDETTE			2. DATE OF DEATH Nov. 12, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland BALTO. CITY			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY BALTIMORE		
B. FULL NAME OF (If not in hospital or institution, give street address or location) 2806 E. BALTIMORE ST.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 6-01		
C. Length of stay in Baltimore 78 Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 2806 E. BALTIMORE ST.		
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH Dec. 24, 1872	9. AGE (In years last birthday) 78	10. Under 1 Year Months Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10B. KIND OF BUSINESS OR INDUSTRY		
11. BIRTHPLACE (State or foreign country) BALTIMORE Md.			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME PATRICK GRIBBIN			14. MOTHER'S MAIDEN NAME MARY McSherry		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT MR. ALBERT RABASSA			ADDRESS 2806 E. BALTO. ST.		

18. 470.0 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral Thrombosis CAUSE OF DEATH Cerebral arteriosclerosis		INTERVAL BETWEEN ONSET AND DEATH 30 minutes
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) (C)		Years
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Hypertensive arteriosclerosis Heart Disease		YEARS

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHITE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR? ---		
22. I hereby certify that I attended the deceased from 1/11 , 19 51 , to 11/12 , 19 51 , that I last saw the deceased alive on 10-9 , 19 51 , and that death occurred at 5:40 P.m. , from the causes and on the date stated above.				
23A. SIGNATURE Benj. F. Fetherman M. D.		23B. ADDRESS 2 E. Read Street		23C. DATE SIGNED 11-13-51

24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24B. DATE Nov. 15, 1951	24C. NAME OF CEMETERY OR CREMATORY WATERS MEMORIAL CEMETERY COOPTOWN, MARYLAND.	24D. LOCATION (City, town, or county) (State)
DATE RECEIVED BY LOCAL REGISTRAR 11/14/51	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR BERNARD DABROWSKI ADDRESS 2806 E. BALTO. ST.	

VALLEY
CONGRESS
BOND

51 9813

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 9813
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

HOWARD STERLING KERR

2. DATE
OF
DEATH

11/11/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

MARYLAND

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

619 GILBERT STREET

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

619 GILBERT STREET

c. Length of stay in Baltimore

LIFE

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

C

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

SINGLE

8. DATE OF BIRTH

10/7/1908

9. AGE (In years
last birthday)

43

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

CHAUFFEUR

10B. KIND OF BUSINESS OR
INDUSTRY

DELIVERY TRUCK

11. BIRTHPLACE (State or foreign country)

BALTIMORE, MD

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

BENJIMAN KERR

14. MOTHER'S MAIDEN NAME

ADDIE BROWN

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

NO

NO

16. SOCIAL
SECURITY NO.

217-09-8562

17. INFORMANT

ADDRESS

ADDIE REED - 1218 Cherry St

18. 421.4 I CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT

WORK ☐

NOT WHILE

AT WORK ☐22. I hereby certify that I attended the deceased from Oct 15, 1951, to Nov 11, 1951, that I last saw the
deceased alive on Nov 9, 1951, and that death occurred at 7 A. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

BURIAL

11/16/51

MT. CALVARY CEMETERY

A.A. COUNTY, MD.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

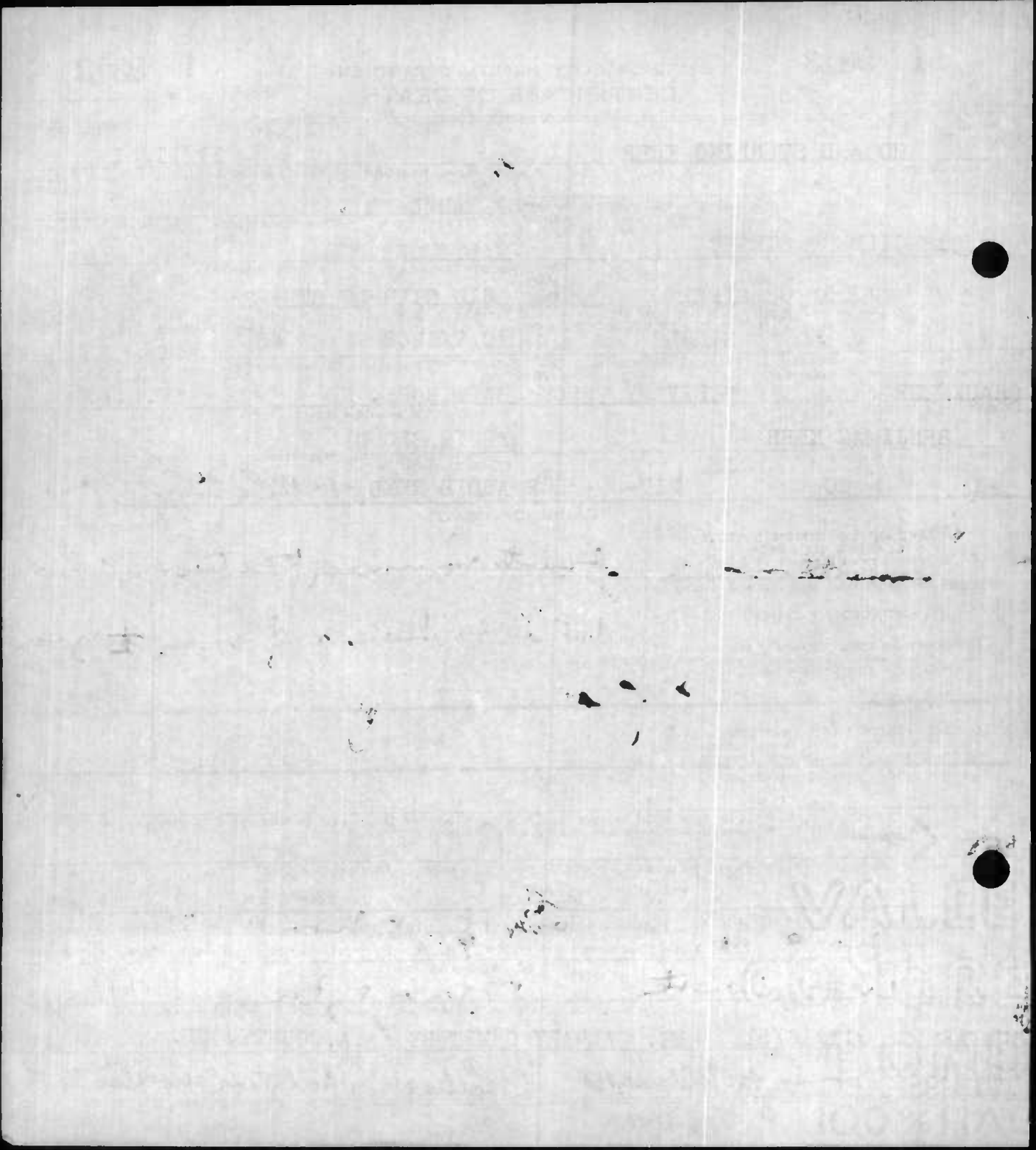
25. FUNERAL DIRECTOR

ADDRESS

NOV 14 1951

Huntington Williams, M.D.

Charles H. Cooper 512 Conover Ave.



15 51 9814

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 9814
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)David
James BURBANK2. DATE
OF
DEATH

11.13.51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Baltimore

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Maryland General Hospital

life Yrs.
Mos.
Days4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

1619 Park Av.

C. Length of stay in Baltimore

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

April 14, 1874

9. AGE (In years
last birthday)

77

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Retired accountant

10B. KIND OF BUSINESS OR
INDUSTRY

self-employed

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

U. S.

13. FATHER'S NAME

Leonard Burbank

14. MOTHER'S MAIDEN NAME

Mary Olivia Essender

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT ADDRESS
Marian S. Burbank - 1619 Park Ave.

18. 422.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

gastro-Intestinal Hemorrhage
etiologic unknown

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Cerebral thrombosis

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11.11.1951, to 11.13.1951, that I last saw the
deceased alive on 11.13.1951, and that death occurred at 6:50 a.m., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

Maryland General Hospital

23C. DATE SIGNED

11.13.51.

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

burial

24B. DATE

11 - 16 - 51

24C. NAME OF CEMETERY OR CREMATORY

Druid Ridge

24D. LOCATION (City, town, or county)

Pikesville, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Wm. H. Williams, Jr.

25. FUNERAL DIRECTOR

ADDRESS

John O. Mitchell & Sons, Inc. - 1900 Eutaw Place

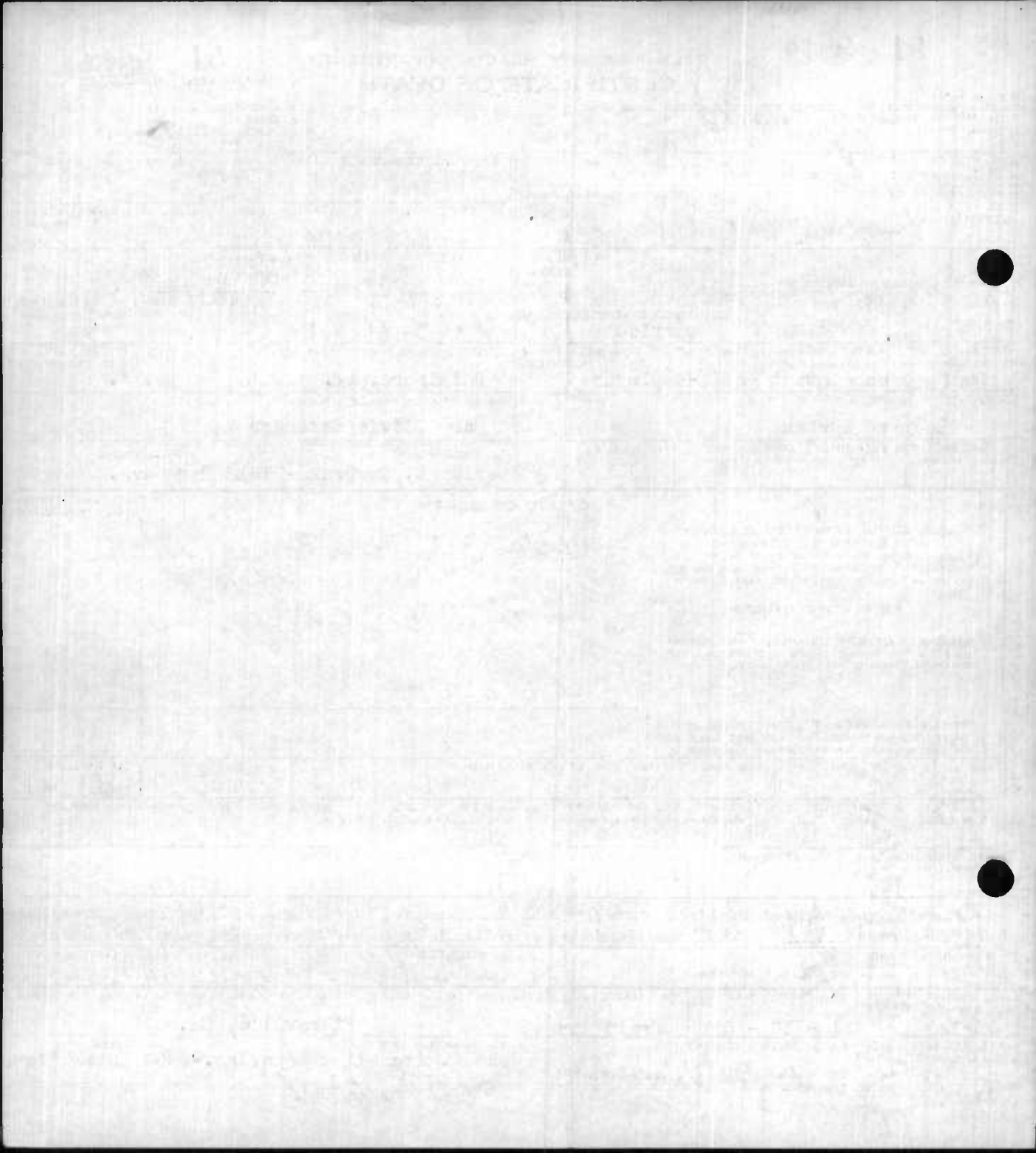
M. B. Mitchell

NOV 14 1951

VS 150

93D

MEDICAL CERTIFICATION



62051 9815

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 9815

Registered No.

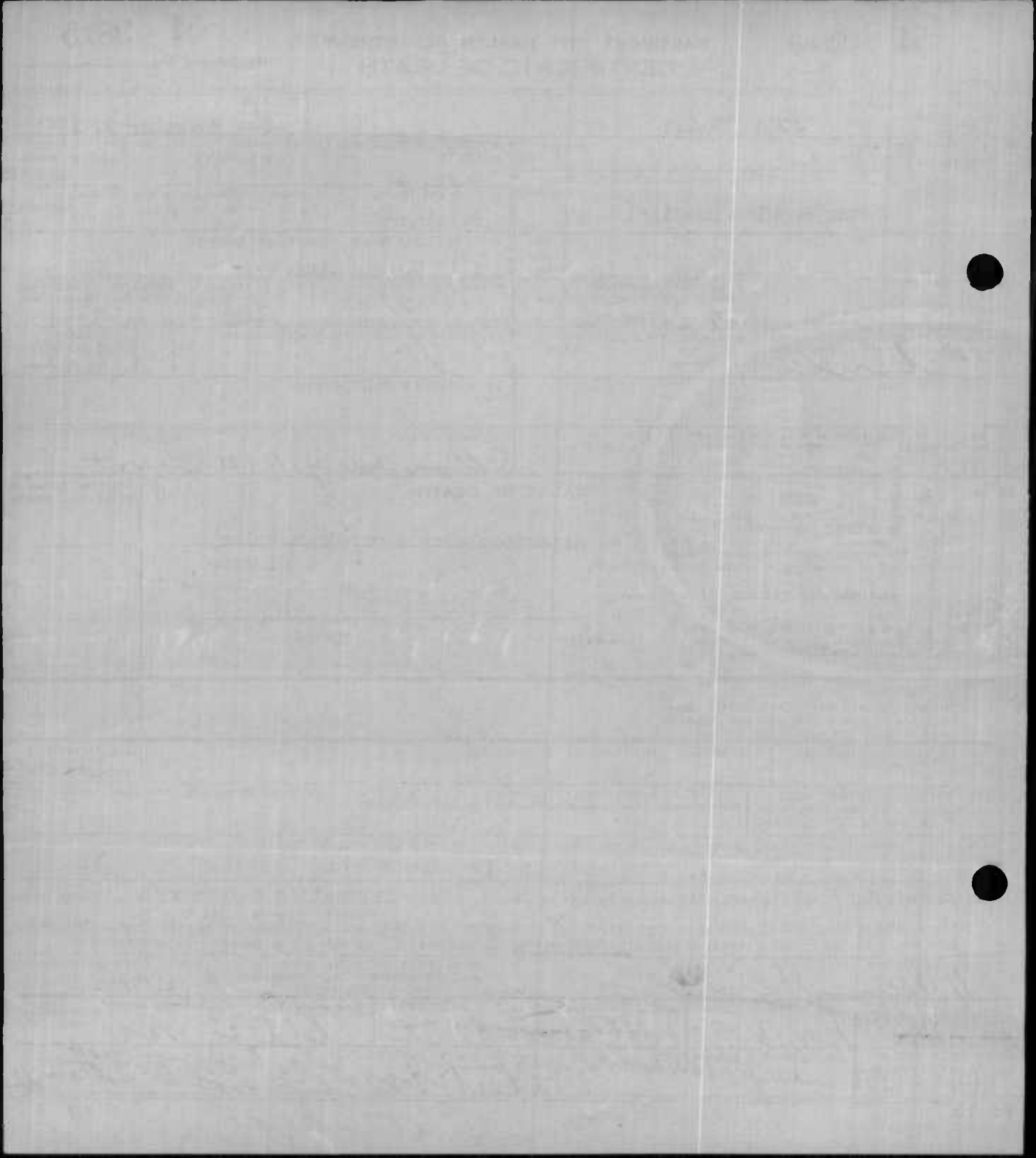
BIRTH NO.			1. NAME OF DECEASED (Type or Print) JOHN TRACEY			2. DATE OF DEATH November 9, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
B. FULL NAME OF HOSPITAL OR INSTITUTION Johns Hopkins Hospital			D. STREET ADDRESS (If rural, give location) 1113 N. Gay Street			E. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days		
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 11/27/79		9. AGE (In years last birthday) 72		10. Under 1 Year Months Days	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Editor			10B. KIND OF BUSINESS OR INDUSTRY —			11. BIRTHPLACE (State or foreign country) Va		12. CITIZEN OF WHAT COUNTRY? U.S.A
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		17. INFORMANT William Tracey 1113 N. Gay St			ADDRESS

18. 422.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic cardiovascular disease DUE TO		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE William V. [Signature]		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED 11/9/51
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Nov. 16 - 85	24C. NAME OF CEMETERY OR CREMATORY Int. Calvary Cemetery	24D. LOCATION (City, town, or county) (State) A.A. Co. Ind.	
DATE RECEIVED BY LOCAL REGISTRAR NOV 14 1951		REGISTRAR'S SIGNATURE [Signature]		FUNERAL DIRECTOR Robert Williams 1515 McHenry St



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **51 9816**

BIRTH NO.

1. NAME OF DECEASED (Type or Print) ALVIN P. ZIMMERMAN		2. DATE OF DEATH Nov. 12, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Johns Hopkins Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 1214 Wilcox Street			
5. SEX Male		6. COLOR OR RACE White	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH May 1, 1888	
9. AGE (In years last birthday) 63 yrs		10. MONTHS 6 DAYS 11	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinest		10B. KIND OF BUSINESS OR INDUSTRY Balto., Tranist co.	
11. BIRTHPLACE (State or foreign country) Cannue Town W. Va.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Albert B. Zimmerman		14. MOTHER'S MAIDEN NAME Fannie Barney	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.	
17. INFORMANT Charles E. Spraight		ADDRESS 423 S. Pluski St.	

18. 493 X I CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Pneumonia Due to ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) Arteriosclerotic cardiovascular disease DUE TO (C) _____		INTERVAL BETWEEN ONSET AND DEATH
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <i>Stanley B. Dunlachie</i>		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED Nov. 13, 1951	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 11-15-1951		24C. NAME OF CEMETERY OR CREMATORY Medowridge Cemetery	
24D. LOCATION (City, town, or county) (State) Baltimore Co., Md.		25. FUNERAL DIRECTOR Elmer W. Conklin 924 E. Eager St			

DATE RECEIVED BY LOCAL REGISTRAR
NOV 14 1951

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MEDICAL CERTIFICATION

72

500
51 9817
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 9817
Registered No.

1. NAME OF DECEASED (Type or Print) Mary C. Conaway				2. DATE OF DEATH Nov-12-1951			
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore C. CITY OR TOWN Baltimore D. STREET ADDRESS (If rural, give location) 1527-E Madison St			
B. FULL NAME OF HOSPITAL OR INSTITUTION 1527-E Madison St				5. SEX Female			
C. Length of stay in Baltimore 37 yrs.				6. COLOR OR RACE colored			
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married				8. DATE OF BIRTH May-11-1914			
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) pantry girl				9. AGE (In years last birthday) 37			
10B. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (State or foreign country) Baltimore			
13. FATHER'S NAME Clarence W. Purvience				12. CITIZEN OF WHAT COUNTRY? yes. U.S.A.			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no				16. SOCIAL SECURITY NO. 218-10-9198			
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) 151X				17. INFORMANT Samuel Conaway ADDRESS 1527-E Madison St			
DUE TO Causing of Stomach				INTERVAL BETWEEN ONSET AND DEATH ?			
ANTECEDENT CAUSES							
DUE TO Intestinal							
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
19A. DATE OF OPERATION 0				19B. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>							
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)				21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)							
21D. TIME (Month) (Day) (Year) (Hour) INJURY				21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
21F. HOW DID INJURY OCCUR?							
22. I hereby certify that I attended the deceased from 9/1 , 19 57 , to 11/12 , 19 57 , that I last saw the deceased alive on 11/12 , 19 57 , and that death occurred at 2:45 P.m. , from the causes and on the date stated above.							
23A. SIGNATURE Blair R. Raper				23B. ADDRESS 822 W. Bm St			
23C. DATE SIGNED 11/13/51							
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial				24B. DATE Nov. 15 1951			
24C. NAME OF CEMETERY OR CREMATORY Arbutus Mem. Pk.				24D. LOCATION (City, town, or county) (State) Baltimore Co. Md.			
DATE RECEIVED BY LOCAL REGISTRAR NOV 14 1951				25. FUNERAL DIRECTOR Wallard Funeral Home ADDRESS 1031 Druid Hill Ave.			

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51 9818

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

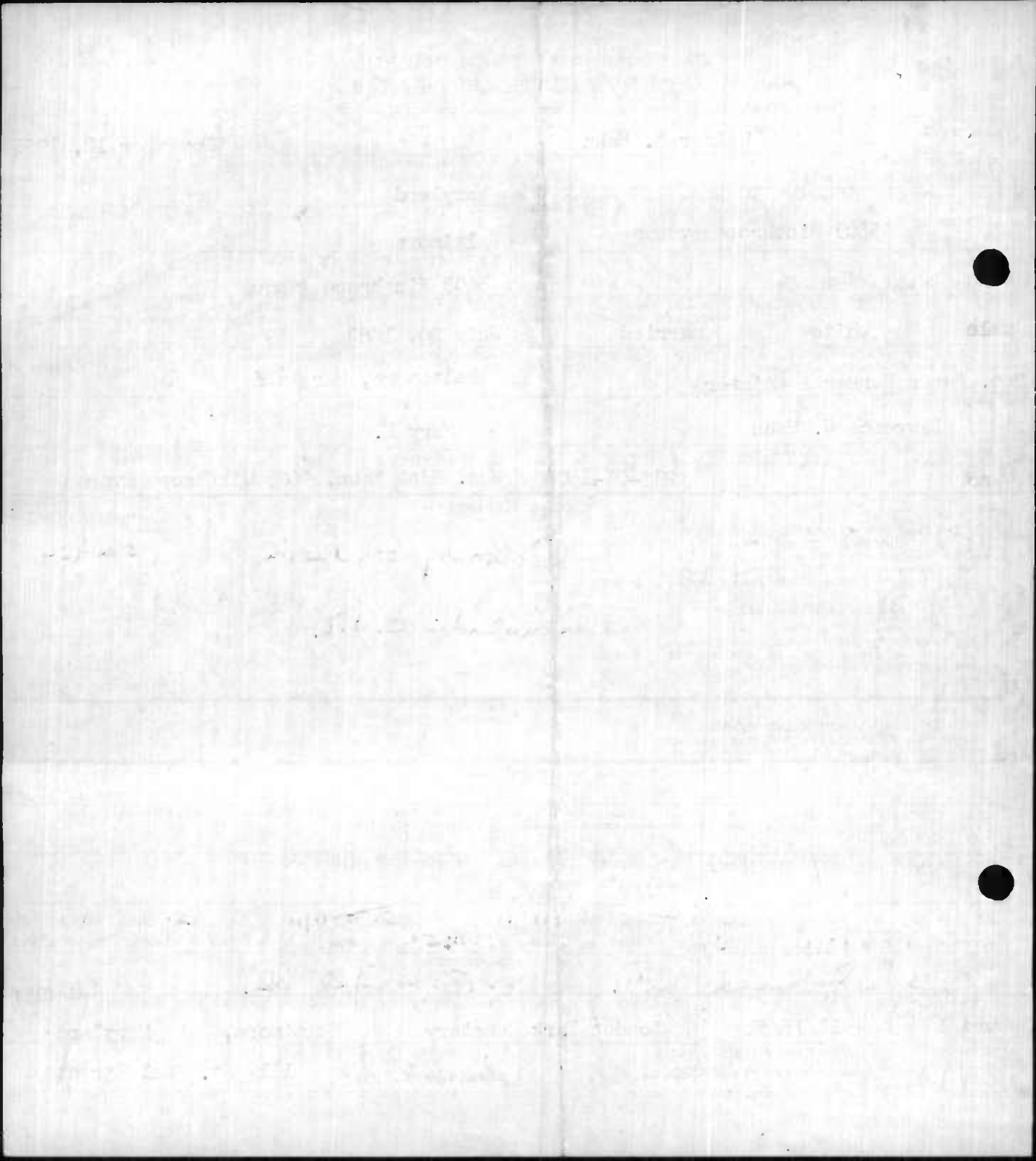
51 9818

Registered No. _____

BIRTH NO.	
1. NAME OF DECEASED (Type or Print) Walter F. Hahn	
2. DATE OF DEATH November 12, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland	
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 5603 Winthrop Avenue	
C. LENGTH OF STAY IN BALTIMORE Yrs. _____ Mos. _____ Days _____	
4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY _____	
C. CITY OR TOWN (If outside corporate limits, give RURAL and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 5603 Winthrop Avenue	
5. SEX male	6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH July 20, 1882
9. AGE (in years last birthday) 69	10. UNDER 1 Year Months: Days
11. UNDER 24 Hours Hours: Min.	12. CITIZEN OF WHAT COUNTRY?
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Paper Hanger & Painter	
10B. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME Lawrence H. Hahn	
14. MOTHER'S MAIDEN NAME Mary E.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no	
16. SOCIAL SECURITY NO. 215-01-1508	
17. INFORMANT ADDRESS Mrs. Edna Hahn, 5603 Winthrop Avenue	
18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Coronary occlusion DUE TO ANTECEDENT CAUSES Enteroviral C.V.D. DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
INTERVAL BETWEEN ONSET AND DEATH 5 minutes	
19A. DATE OF OPERATION	
19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 11/11 , 1951, to 11/11 , 1951, that I last saw the deceased alive on 11/11 , 1951, and that death occurred at 11:25 P. m., from the causes and on the date stated above.	
23A. SIGNATURE [Signature]	
23B. ADDRESS 4218 Hester Rd.	
23C. DATE SIGNED NOV 13 1951	
24A. BURIAL, CREMATION, REMOVAL (Specify) burial	
24B. DATE 11/15/51	
24C. NAME OF CEMETERY OR CREMATORY Loudon Park Cemetery	
24D. LOCATION (City, town, or county) Baltimore, Maryland	
DATE RECEIVED BY LOCAL REGISTRAR NOV 14 1951	
REGISTRAR'S SIGNATURE [Signature]	
25. FUNERAL DIRECTOR ADDRESS Wm. Cook, Inc. 1217 St. Paul Street	

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51 9819

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 9819

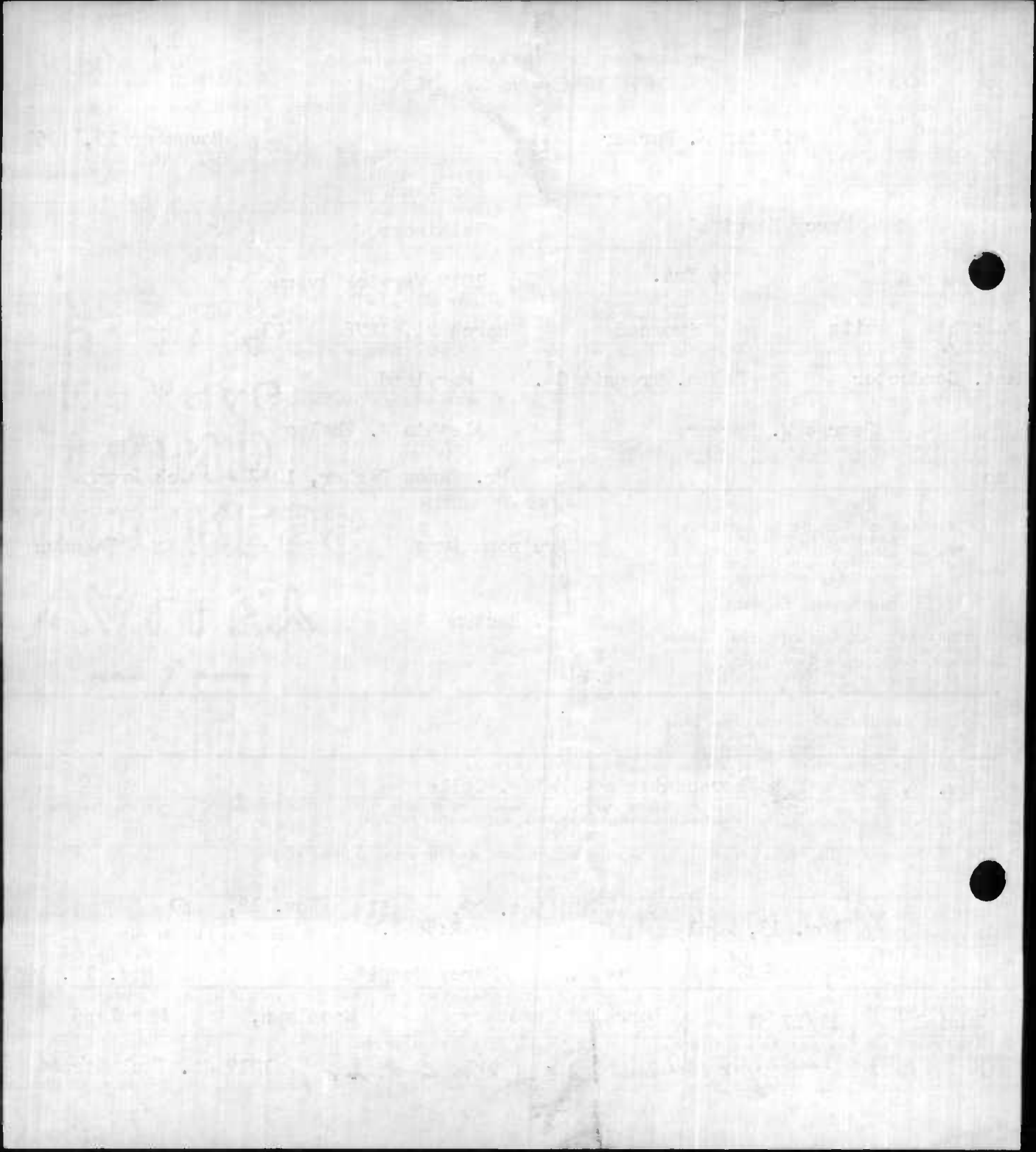
1. NAME OF DECEASED (Type or Print) William E. Barker			2. DATE OF DEATH November 13, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland B. COUNTY 16-05		
B. FULL NAME OF HOSPITAL OR INSTITUTION Mercy Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
C. Length of stay in Baltimore 66 Yrs.			D. STREET ADDRESS (If rural, give location) 1012 Warwick Avenue		
5. SEX Male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH March 24, 1878	9. AGE (in years last birthday) 73	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Conductor		10B. KIND OF BUSINESS OR INDUSTRY Balto. Transit Co.	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME George W. Barker			14. MOTHER'S MAIDEN NAME Alethia J. Phelps		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Mr. James Barker, 1012 Warwick Avenue		

18. 154X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Carcinoma Lung DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Ca. Rectum ? DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH (A) Carcinoma Lung (B) Ca. Rectum ? (C)	INTERVAL BETWEEN ONSET AND DEATH Unknown
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19A. DATE OF OPERATION Nov. 7, 1950	19B. MAJOR FINDINGS OF OPERATION Thoracentesis - Malignant Cells	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from Oct. 22, 1951 , to Nov. 13, 1951 , that I last saw the deceased alive on Nov. 13, 1951 , and that death occurred at 2:56 P.m. , from the causes and on the date stated above.		
23A. SIGNATURE Frank G. Kauk	23B. ADDRESS Mercy Hospital	23C. DATE SIGNED Nov. 13, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify) burial	24B. DATE 11/17/51	24C. NAME OF CEMETERY OR CREMATORY Lorraine Cemetery	24D. LOCATION (City, town, or county) (State) Woodlawn, Maryland
DATE RECEIVED BY LOCAL REGISTRAR NOV 14 1951	REGISTRAR'S SIGNATURE Washington Williams	25. FUNERAL DIRECTOR Wm. Cook, Inc.	ADDRESS 1217 St. Paul Street

MEDICAL CERTIFICATION



512
9820

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 9820
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) RAYMOND POWELL DEMPSTER		2. DATE OF DEATH Nov. 13, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Pennsylvania B. COUNTY V-3	
B. FULL NAME OF HOSPITAL OR INSTITUTION US Public Health Service Hospital Wyman Pk. Drive & 31st St.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Philadelphia	
C. Length of stay in Baltimore 29 days		D. STREET ADDRESS (If rural, give location) 710 E. Kingston Street	
5. SEX M	6. COLOR OR RACE N	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 9/17/98
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mail carrier		10B. KIND OF BUSINESS OR INDUSTRY Gov't Employee	9. AGE (In years last birthday) 53
11. BIRTHPLACE (State or foreign country) Pa.		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Ormrod Dempster		14. MOTHER'S MAIDEN NAME Annie Powell	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) ?		16. SOCIAL SECURITY NO. ?	
17. INFORMANT Records- US PHS Hospital, Balto, Md.		ADDRESS	

18. 162x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Carcinoma of lung, metastatic to liver and vertebrae		INTERVAL BETWEEN ONSET AND DEATH Unknown
DUE TO (A)		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (B)		
DUE TO (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 2		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **Oct. 15**, 19**51**, to **Nov. 13**, 19**51**, that I last saw the deceased alive on **Nov. 13**, 19**51**, and that death occurred at **3:35Pm.**, from the causes and on the date stated above.

23A. SIGNATURE R. Raymond Green, M.D.	23B. ADDRESS US PHS HOSPITAL, BALTO, Md.	23C. DATE SIGNED 11/14/51
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24A. BURIAL, CREMATION, REMOVAL (Specify) Removal	24B. DATE Nov 14/51	24C. NAME OF CEMETERY OR CREMATORY Oakland Cem	24D. LOCATION (City, town, or county) (State) Philadelphia Pa.
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DATE RECEIVED BY LOCAL REGISTRAR NOV 14 1951	REGISTRAR'S SIGNATURE <i>[Signature]</i>	25. FUNERAL DIRECTOR Philip's Nursing Home	ADDRESS 2024 E. Adams St
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MEDICAL CERTIFICATION

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THE UNIVERSITY OF

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165
51 9821BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 9821

BIRTH NO.		1. NAME OF DECEASED (Type or Print) Elizabeth A. O'Brien		2. DATE OF DEATH Nov 13, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION 620 Grantly St.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 16-08			
c. Length of stay in Baltimore Lifetime		D. STREET ADDRESS (If rural, give location) 620 Grantly St.			
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOW	8. DATE OF BIRTH Oct. 4, 1873	9. AGE (in years last birthday) 78	10. UNDER 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY at home		11. BIRTHPLACE (State or foreign country) Maryland	
13. FATHER'S NAME Benjiman F. Potter		12. CITIZEN OF WHAT COUNTRY? USA			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. no		17. INFORMANT ADDRESS Mecheal J. O'Brien 620 Grantly St.	
18. 443 x and 199.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH Hypertensive cardiovascular disease & possibly abdominal carcinoma, as a tumor mass was palpable but no autopsy was performed and the patient was not operated on due to her poor condition. (A) DUE TO Terminal pneumonia. (B) DUE TO (C) DUE TO		INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION None.		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) None.		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from about six years ago, to November 5, 1951, that I last saw the deceased alive on November 5, 1951, and that death occurred at 2 A. M., from the causes and on the date stated above.					
23A. SIGNATURE Dr. J. M. G. Gayer Jr.		23B. ADDRESS 1111 G. Chase St.		23C. DATE SIGNED 11-14-51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Nov 16, 1951		24C. NAME OF CEMETERY OR CREMATORY New Cathedral cem.	
DATE RECEIVED BY LOCAL REGISTRAR NOV 14 1951		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR [Signature] 93D 118 W. Mt. Royal Ave	
24D. LOCATION (City, town, or county) (State) Baltimore Maryland					

COPIES

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CONTRACTS

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1. The first section of the contract is the title page, which contains the name of the contractor, the name of the owner, and the name of the engineer.

2. The second section of the contract is the description of the work to be done, which includes the location of the work, the nature of the work, and the time and place of completion.

3. The third section of the contract is the list of the materials to be used, which includes the name of the material, the quantity, and the price.

4. The fourth section of the contract is the list of the labor to be used, which includes the name of the laborer, the quantity, and the price.

5. The fifth section of the contract is the list of the other conditions, which includes the name of the condition, the quantity, and the price.

525
51 9822

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 9822

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Clarence Hanson

2. DATE
OF
DEATH

11/13/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Alton Arms Ind. Baltimore

5. FULL NAME OF
HOSPITAL OR
INSTITUTION

Meray

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

6. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

5300

7. SEX

M

8. COLOR OR RACE

W

9. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

10. DATE OF BIRTH

OCT 10, 1898

11. AGE (in years
last birthday)

53

12. Under 1 Year
Months: Days

13. Under 24 Hours
Hours: Min.

14. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

15. FATHER'S NAME

16. KIND OF BUSINESS OR
INDUSTRY

Police Dept. Balt.

17. BIRTHPLACE (State or foreign country)

Baltimore

18. CITIZEN OF
WHAT COUNTRY?

USA.

19. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

20. SOCIAL
SECURITY NO.

21. INFORMANT

ADDRESS

22. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Acute congestive failure

1 hour.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Coronary insufficiency

years.

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

23. DATE OF OPERATION

24. MAJOR FINDINGS OF OPERATION

25. AUTOPSY?

YES ☐ NO ☐

26. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH

27. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

28. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

29. TIME (Month) (Day) (Year) (Hour)
INJURY

30. INJURY OCCURRED

31. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE
AT WORK ☐

32. I hereby certify that I attended the deceased from 11/5/51, 19, to 11/13/51, 19, that I last saw the
deceased alive on 11/13/51, 19, and that death occurred at 2:00 p.m., from the causes and on the date stated above.

33. SIGNATURE

John R. Buell Jr.

M. D.

34. ADDRESS

Meray.

35. DATE SIGNED

11/23/51

36. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

37. DATE

11/17/51

38. NAME OF CEMETERY OR CREMATORY

CEDAR HILL CEM

39. LOCATION (City, town, or county)

A. H. Co.

MD

40. DATE RECEIVED BY
LOCAL REGISTRAR

41. REGISTRAR'S SIGNATURE

Wilmington Williams, Jr.

42. FUNERAL DIRECTOR

CHARLES F. EVANS & SON

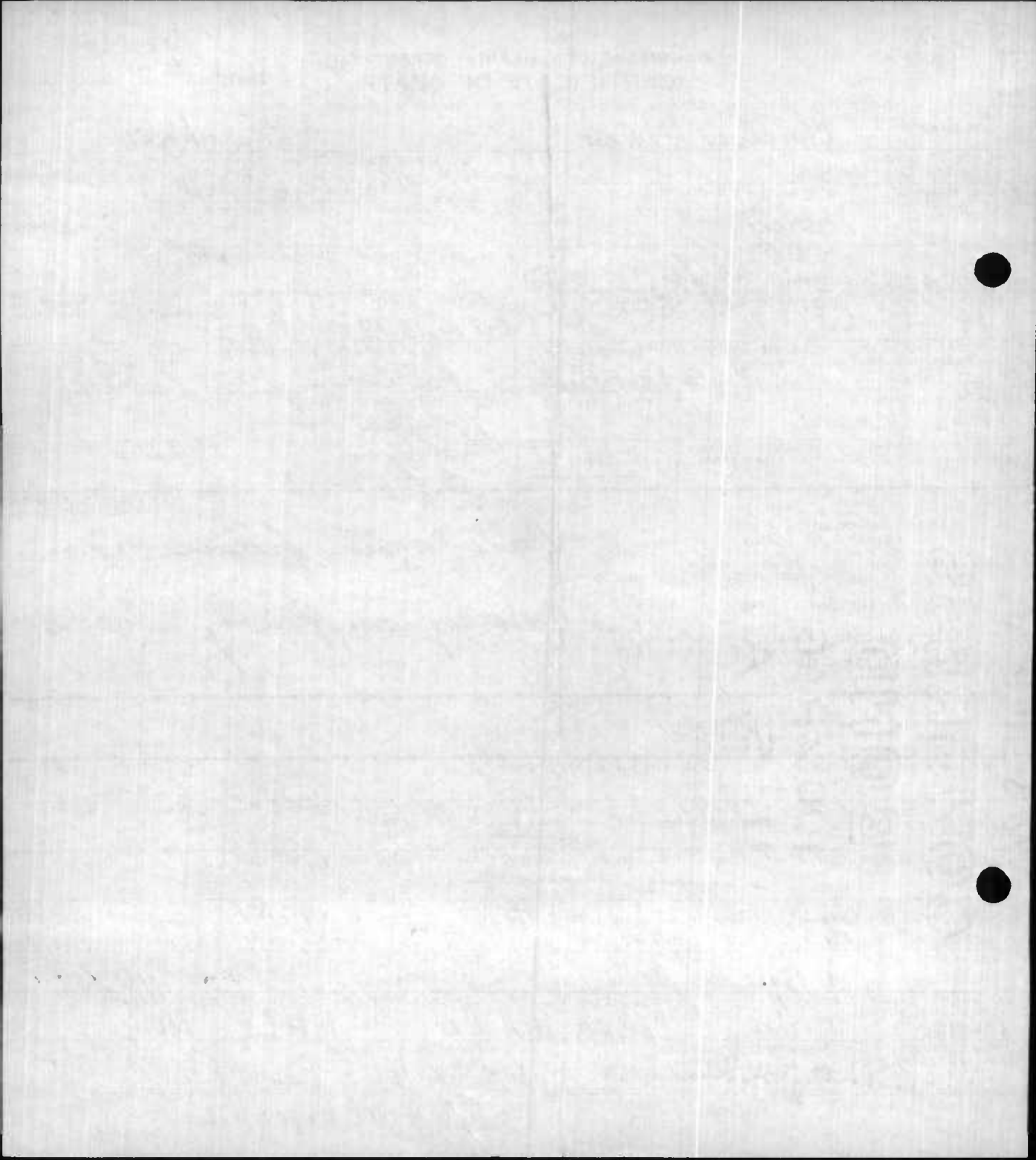
43. ADDRESS

VS 150

54493 118 W. Mt. Royal Ave.

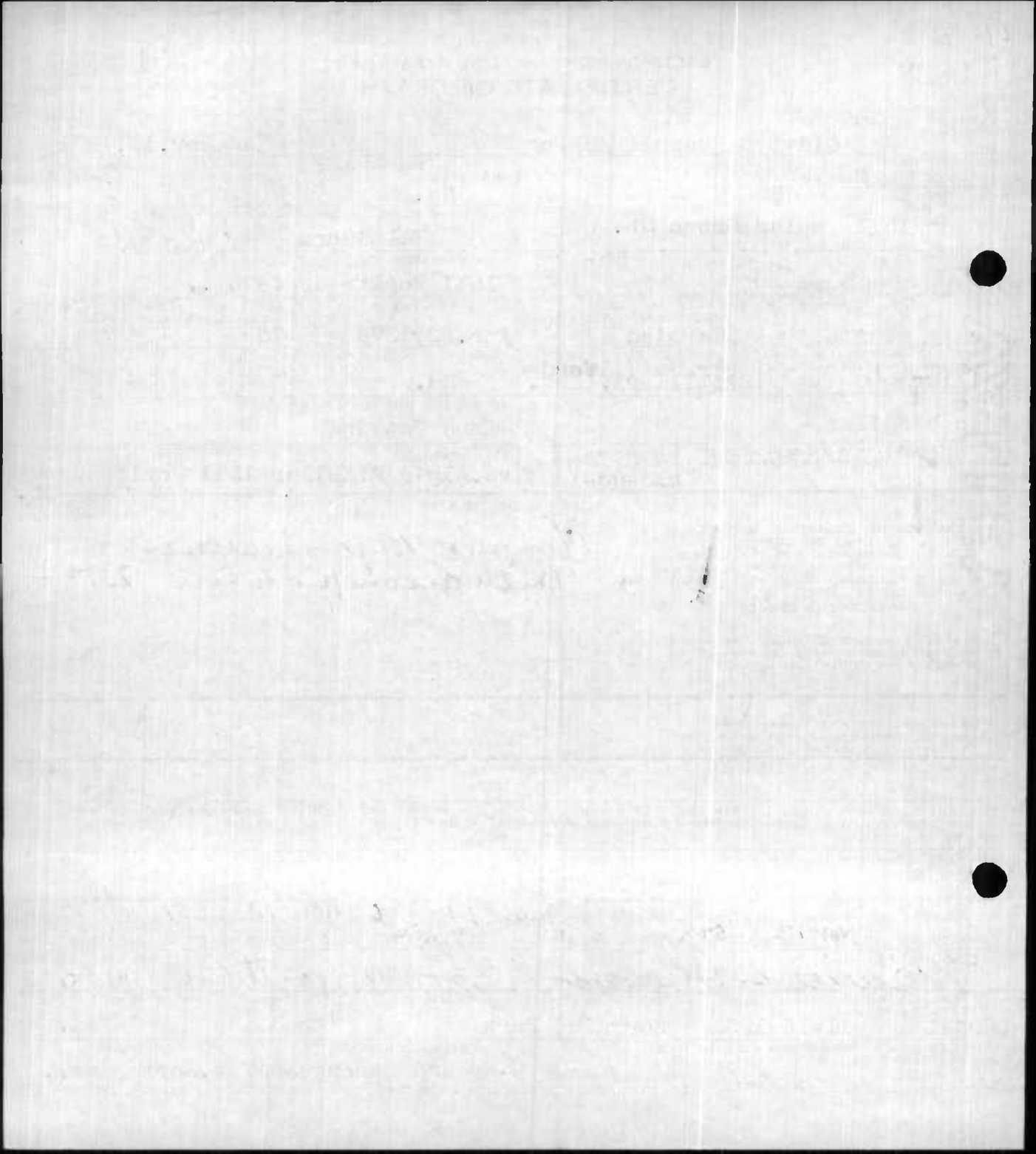
94a

MEDICAL CERTIFICATION



460
1 9823BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 9823
Registered No.

1. NAME OF DECEASED (Type or Print) Clayton Russell Keller		2. DATE OF DEATH Nov. 13, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION 1511 Poplar Grove St.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 16-01	
C. Length of stay in Baltimore 50 - Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 1511 Poplar Grove St.,	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Apr. 22, 1876
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Miller		10B. KIND OF BUSINESS OR INDUSTRY Park & Tilford Distillers, Inc.	9. AGE (in years last birthday) 75
11. BIRTHPLACE (State or foreign country) Md.		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Jacob Keller		14. MOTHER'S MAIDEN NAME Anna Watkins	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 215-03-1564	17. INFORMANT ADDRESS Mrs. Algie M. Keller 1511 Poplar Grove St.
18. 430.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Chronic Myo - Endocarditis DUE TO mitral decompensation 2 yrs (B) DUE TO (C) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			INTERVAL BETWEEN ONSET AND DEATH 2 yrs
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Jan. 14, 1950, to Nov. 13, 1951, that I last saw the deceased alive on Nov. 12, 1951, and that death occurred at 7:15 P.M., from the causes and on the date stated above.			
23A. SIGNATURE Maurice E. Shamus		23B. ADDRESS 3300 W. North Ave.	23C. DATE SIGNED 11/14/51
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 11-16-1951	24C. NAME OF CEMETERY OR CREMATORY Lorraine Park	24D. LOCATION (City, town, or county) (State) Woodlawn Md.
DATE RECEIVED BY LOCAL REGISTRAR NOV 14 1951	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR ADDRESS G. Howard Strong 3207 W. North Ave.,	



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **51 9824**

530
9824
BIRTH NO.

1. NAME OF DECEASED (Type or Print) WILLIAM H. SMITH			2. DATE OF DEATH Nov. 13, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE Maryland B. COUNTY Baltimore		
B. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pikesville		
C. Length of stay in Baltimore 10 <small>Yes Mon Days</small>			D. STREET ADDRESS (If rural, give location) Hood Avenue		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widower	8. DATE OF BIRTH 12/21/1888	9. AGE (In years last birthday) 72	10 Under 1 Year Months: Days:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maintenance			10B. KIND OF BUSINESS OR INDUSTRY Greenway Apts.		
11. BIRTHPLACE (State or foreign country) Balto. Co. Maryland			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME Alfred S. Smith			14. MOTHER'S MAIDEN NAME Martha Jane Gardner		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) no			16. SOCIAL SECURITY NO.		
17. INFORMANT Viola G. Gass. Stevenson. Ind			ADDRESS		

18. 163 X 1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Internal hemorrhage following pneumonectomy due to for cancer of lung		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) ... (C) ...		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION November 12, 1951		19B. MAJOR FINDINGS OF OPERATION Cancer of lung		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) hospital		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) St. Joseph's Hospital	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY November 12, 1951		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Postoperative hemorrhage	
22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE Stanley H. Dunlop		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED 11-13-51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Nov-15-51		24C. NAME OF CEMETERY OR CREMATORY Druid Ridge	
24D. LOCATION (City, town, or county) (State) Pikesville. Ind		24E. LOCATION (City, town, or county) (State) Pikesville. Ind		24F. LOCATION (City, town, or county) (State) Pikesville. Ind	
DATE RECEIVED BY LOCAL REGISTRAR NOV 14 1951		REGISTRAR'S SIGNATURE William H. ...		25. FUNERAL DIRECTOR Frank H. Jewell	
				ADDRESS Pikesville	

VS 151 5548B 47D

TO: [illegible]
FROM: [illegible]
SUBJECT: [illegible]
[The remainder of the page contains several paragraphs of extremely faint, illegible text.]

20
AB-153798
51 9825
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 9825
Registered No.

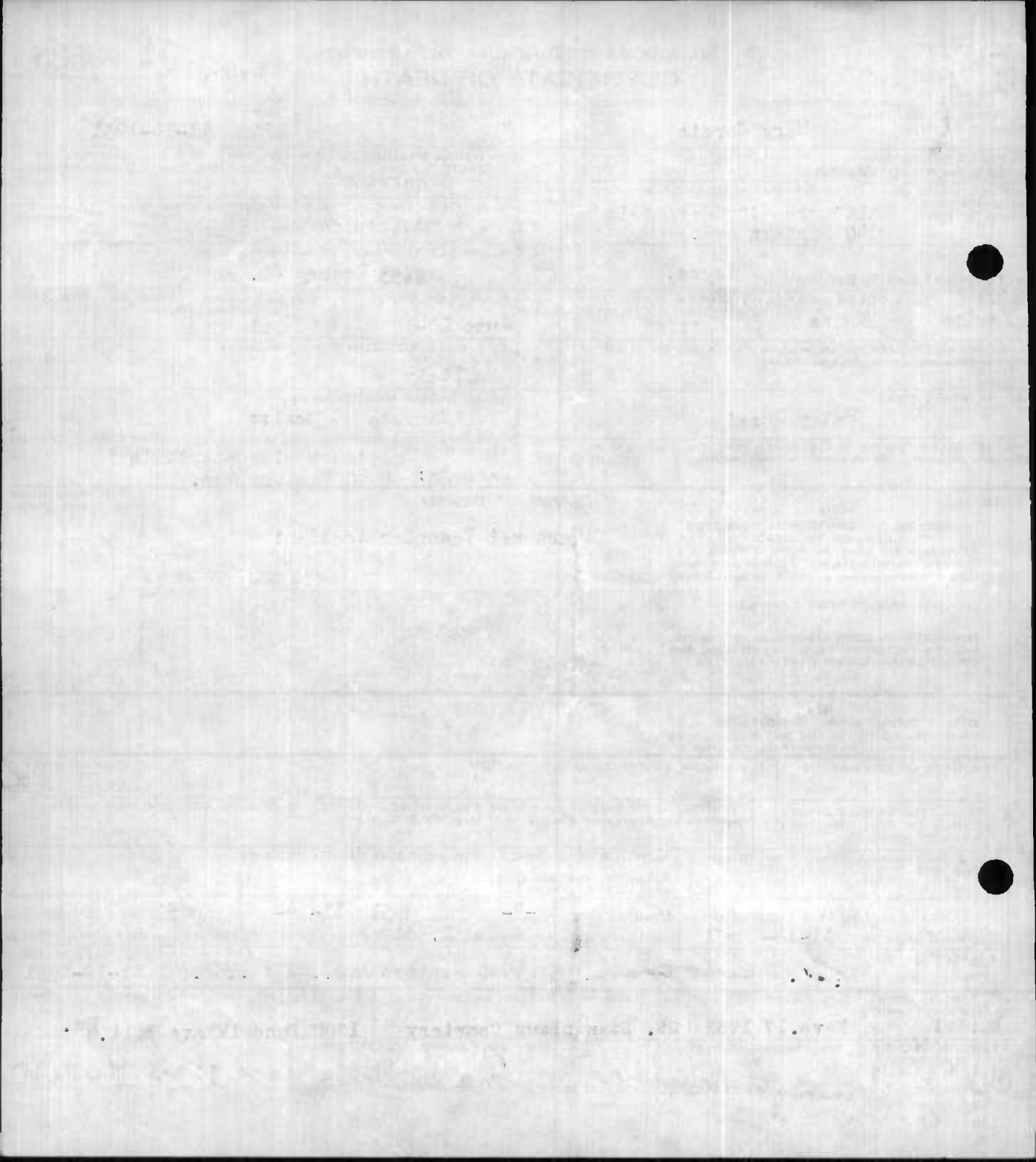
1. NAME OF DECEASED (Type or Print) Mary Curcio		2. DATE OF DEATH 11-14-1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore 22yrs.		D. STREET ADDRESS (If rural, give location) 6433 Bushey St. me 24	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 29-1890
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME Patsy Guzzi		14. MOTHER'S MAIDEN NAME Theresa Scalzo	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
		17. INFORMATION ADDRESS Baltimore City Hospitals Records: 4940 Eastern Ave.	

18. 33 / X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral Vascular Accident (A) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH 5 days
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from 11-9- , 19 51 , to 11-14- , 19 51 that I last saw the deceased alive on 11-14 , 19 51 and that death occurred at 2.50A m., from the causes and on the date stated above.				
23A. SIGNATURE P. J. Jozan M. D.		23B. ADDRESS 4940 Eastern Ave., Balto., Md.		23C. DATE SIGNED 11-14-1951

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Nov. 17 1951	24C. NAME OF CEMETERY OR CREMATORY St. Stanislaus Cemetery	24D. LOCATION (City, town, or county) (State) 1300 Dundalk Ave Balt Md.
DATE RECEIVED BY LOCAL REGISTRAR NOV 14 1951		REGISTRAR'S SIGNATURE Frank J. Williams	25. FUNERAL DIRECTOR ADDRESS Shaul Della Noce 322-S. High St

83a



150
51 9828

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 9826

1. NAME OF DECEASED (Type or Print) LEONIDA GAILLIENNE			2. DATE OF DEATH Nov. 13, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY		
5. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 2704 N. Calvert St.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
6. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 2704 N. Calvert St.		
7. SEX female	8. COLOR OR RACE white	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	10. DATE OF BIRTH ?		11. AGE (In years last birthday) about 76
12. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) - none			13. KIND OF BUSINESS OR INDUSTRY at home		14. BIRTHPLACE (State or foreign country) New York
15. FATHER'S NAME -- Sammis			16. MOTHER'S MAIDEN NAME -- De Veraux		
17. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) --			18. SOCIAL SECURITY NO. no		
19. INFORMANT ADDRESS Mr. Maurice H. Miller-2704 N. Calvert St					

18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Chronic Myocarditis		INTERVAL BETWEEN ONSET AND DEATH 5 years.
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Generalized Arterio-sclerosis		5 years

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION ✓		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Aug 2, 1946 to Nov. 13, 1951 , that I last saw the deceased alive on Nov. 13, 1951 , and that death occurred at 10 P. m. , from the causes and on the date stated above.					
23A. SIGNATURE Frank N. O'Brien		23B. ADDRESS M. O. 2701 N. Calvert St.		23C. DATE SIGNED Nov. 13, '51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Removal		24B. DATE 11/14/51		24C. NAME OF CEMETERY OR CREMATORY Huntington Rural Cem.	
24D. LOCATION (City, town, or county) Huntington, L. I., N. Y.		24E. FUNERAL DIRECTOR Wm. J. Dickens & Sons		24F. ADDRESS 937 Baeto 17, Md.	

MEDICAL CERTIFICATION

Wm. F. Johnson & Son
Butte, Mont.

362
19827

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 9827
Registered No.

1. NAME OF DECEASED (Type or Print) HELEEN PATTERSON		2. DATE OF DEATH 11-13-51	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE md. b. COUNTY	
b. FULL NAME OF (If not in hospital or institution, give street address or location) Mary Harp		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 27-02	
c. Length of stay in Baltimore Life		d. STREET ADDRESS (If rural, give location) 4508 Wentworth Rd.	
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 6-9-1906
			9. AGE (In years last birthday) 45
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) md.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME Charles E. Miller		14. MOTHER'S MAIDEN NAME Frances Rockwell	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
		17. INFORMANT ADDRESS Re. Mr. Millar E. Patterson-4508 Wentworth	

18. 170x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral metastatic Ca.		INTERVAL BETWEEN ONSET AND DEATH ?
DUE TO		
II DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Carcinoma of breast		?
DUE TO		
(C)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19a. DATE OF OPERATION 10-25-51		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 10-18 , 19 51 , to 11-13 , 19 51 that I last saw the deceased alive on 11-13 , 19 51 , and that death occurred at 7:15 P.m. , from the causes and on the date stated above.					
23a. SIGNATURE Wm. H. H. Shea		23b. ADDRESS Mary Harp.		23c. DATE SIGNED 11-13-51	

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11/17/51		24c. NAME OF CEMETERY OR CREMATORY Druid Ridge Cem.		24d. LOCATION (City, town, or county) (State) Pikesville, Md.	
DATE RECEIVED BY LOCAL REGISTRAR NOV 14 1951		REGISTRAR'S SIGNATURE William H. Williams		25. FUNERAL DIRECTOR Wm. J. Pickens & Sons		ADDRESS 50 Baeto Md.	

MEDICAL CERTIFICATION

Wm. J. Johnston
1880

625
9828BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 9828

1. NAME OF DECEASED (Type or Print) EMILIA E. LURSSSEN		2. DATE OF DEATH Nov. 12, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY	
5. FULL NAME OF HOSPITAL OR INSTITUTION 112 E. 20th St.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
6. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 112 E. 20th St.	
7. SEX male	8. COLOR OR RACE white	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	10. DATE OF BIRTH June 20, 1876
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		12. AGE (In years last birthday) 75	
13. KIND OF BUSINESS OR INDUSTRY at home		14. BIRTHPLACE (State or foreign country) New Jersey	
15. FATHER'S NAME Soldan		16. CITIZEN OF WHAT COUNTRY? NEW JERSEY	
17. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) -		18. SOCIAL SECURITY NO. none	
19. INFORMANT Mr. George E. Lurssen-2121 St. Paul St.		20. ADDRESS	
21. CAUSE OF DEATH 18. 422.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cardio Vascular disease (A) due to Myocardial infarction ANTECEDENT CAUSES (B) due to Cardio Vascular (C) due to Cardio Vascular INTERVAL BETWEEN ONSET AND DEATH 5 yrs. 5 yrs. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
22. DATE OF OPERATION 0		23. MAJOR FINDINGS OF OPERATION	
24. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
25. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		26. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
27. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		28. TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	
29. HOW DID INJURY OCCUR?		30. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
31. I hereby certify that I attended the deceased from Nov. 10 , 19 51 , to Nov 12 , 19 51 , that I last saw the deceased alive on Nov 12 , 19 51 , and that death occurred at 11:45 p.m. , from the causes and on the date stated above.			
32. SIGNATURE D. E. W. Don		33. ADDRESS 1202 St. Paul St.	
34. DATE SIGNED Nov 13/51			
35. BURIAL, CREMATION, REMOVAL (Specify) Burial		36. DATE 11/15/51	
37. NAME OF CEMETERY OR CREMATORY Loudon Park Cem.		38. LOCATION (City, town, or county) (State) Balto., Md.	
39. DATE RECEIVED BY LOCAL REGISTRAR NOV 14 1951		40. REGISTRAR'S SIGNATURE for Williams, H. A.	
41. FUNERAL DIRECTOR St. M. J. Lickney & Sons		42. ADDRESS 937 Balto Md.	

RECEIVED
FEBRUARY 10 1964

St. John's
1964

400

1 9829

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51 9829

Registered No.

1. NAME OF DECEASED
(Type or Print)

MARY E. KELLY

2. DATE OF DEATH

Nov 13, 1951

3. PLACE OF DEATH:

Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

A. STATE

Md

B. COUNTY

20-00

5. FULL NAME OF HOSPITAL OR INSTITUTION

98 S. COLLINS AVE

6. LENGTH OF STAY IN BALTIMORE

LIFE

7. Yrs. Mos. Days

8. DATE OF BIRTH

10-26-1866

9. AGE (In years last birthday)

85

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

A. WIFE

10B. KIND OF BUSINESS OR INDUSTRY

WIDOW

11. BIRTHPLACE (State or foreign country)

BALTIMORE Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

JAMES BRENNAN

14. MOTHER'S MAIDEN NAME

ANNA M. McGRATH

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

NONE

17. INFORMANT ADDRESS

FRANK A. KELLY 101 S. TREMONT Rd

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)

(A)

Cerebral hemorrhage

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Chr. Myocarditis

DUE TO

(C)

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

4 yrs

19. DATE OF OPERATION

0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

☐

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED

WHILE AT WORK ☐

NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 22, 1947 to Nov. 13, 1951, that I last saw the deceased alive on Nov. 13, 1951, and that death occurred at 9:25 Am., from the causes and on the date stated above.

23A. SIGNATURE

J. M. Keeney

23B. ADDRESS

203 Highland Ave. Balto 28

23C. DATE SIGNED

11/13/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

11-16-1951

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral

24D. LOCATION (City, town, or county) (State)

Balto Md

DATE RECEIVED BY LOCAL REGISTRAR

NOV 14 1951

REGISTRAR'S SIGNATURE

Wilmington Williams, M.D.

25. FUNERAL DIRECTOR ADDRESS

101 E. B. M. Walters

Pratt & Stricker

VS 150

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. 51 9830

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) <u>Raymond Lee Miller</u>				2. DATE OF DEATH <u>Nov. 13, 1951</u>	
3. PLACE OF DEATH A. Baltimore City, Maryland <u>2856 Oakley Ave</u>				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY <u>Baltimore</u>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>2856 Oakley Avenue</u>				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u>	
c. Length of stay in Baltimore <u>1 day</u>				D. STREET ADDRESS (If rural, give location) <u>2856 Oakley Avenue</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Nov. 29, 1882</u>	9. AGE (in years last birthday) <u>69</u>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Machine</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>Car Wash & Repair</u>	11. BIRTHPLACE (State or foreign country) <u>Baltimore</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13. FATHER'S NAME <u>Charles H. Miller</u>			14. MOTHER'S MAIDEN NAME <u>Isabelle Briscoe</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT ADDRESS <u>Mrs. Allen Lehman 2856 Oakley Ave</u>	

18. <u>151X</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>CARCINOMA OF STOMACH</u> DUE TO _____		INTERVAL BETWEEN ONSET AND DEATH <u>8-9 months</u>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <u>GENERALIZED METASTASIS TO LIVER-SKIN-RETROPERITONEAL GLANDS-SPIN</u> DUE TO _____		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

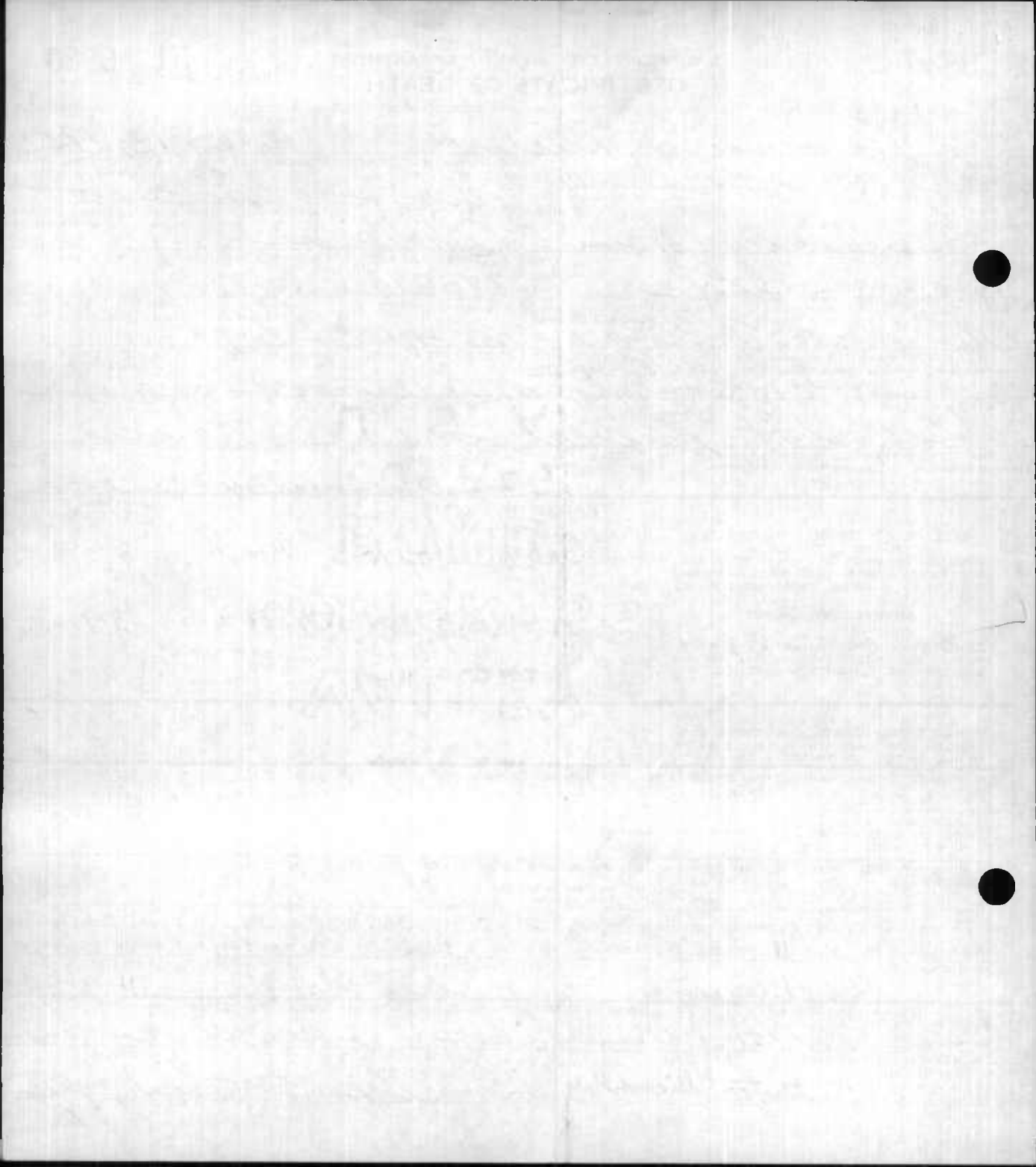
19A. DATE OF OPERATION <u>OCT. 1951</u>		19B. MAJOR FINDINGS OF OPERATION <u>Br. syst. Inguinal nodes. 'rued Adeno Carcinoma</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Oct. 1, 1951, to Nov. 13, 1951, that I last saw the deceased alive on Nov 11, 1951, and that death occurred at 1:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE Alex A. Weinstock M. D. 4600 Park Heights Ave 23B. ADDRESS 11-13-51 23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial 24B. DATE Nov. 15, 1951 24C. NAME OF CEMETERY OR CREMATORY Druid Ridge 24D. LOCATION (City, town, or county) (State) Fikesville Maryland

DATE RECEIVED BY LOCAL REGISTRAR NOV 14 1951 REGISTRAR'S SIGNATURE Leahington Williams 25. FUNERAL DIRECTOR Living Byers ADDRESS 25025 Park Heights



6260

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 9831

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
William Richard Leyrer		Nov. 13, 1951	
3. PLACE OF DEATH:		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
a. Baltimore City, Maryland		A. STATE Maryland	
b. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)		B. COUNTY	
St. Joseph's Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)	
D. STREET ADDRESS (If rural, give location)		Baltimore	
E. Length of stay in Baltimore		2605 Greenmount Avenue	
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH
Male	White	Married	May 22, 1880
9. AGE (In years last birthday)	10. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
71	Retired PROPRIETOR TAILORING	Baltimore, Maryland	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
RICHARD LEYRER.		HELEN SCHMIDT.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
No		212-07-9214	
17. INFORMANT		ADDRESS	
MR. WM. LEYRER		2605 GREENMOUNT AVE	
18. CAUSE OF DEATH			INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)			
(A) Acute pulmonary edema			
DUE TO			
ANTECEDENT CAUSES			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			
(B) Toxic myocarditis			
DUE TO			
(C) Acute ulcerative colitis			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
21. ACCIDENT WAS UNDER- Lying OR CONTRIBUTING CAUSE OF DEATH		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. TIME (Month) (Day) (Year) (Hour)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. HOW DID INJURY OCCUR?	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
22. I hereby certify that I attended the deceased from 11-12-1951 to 11-13-1951 that I last saw the deceased alive on 11-13-1951 and that death occurred at 10:30 AM, from the causes and on the date stated above.			
23A. SIGNATURE		23B. ADDRESS	
[Signature]		1100 N. Caroline Street	
23C. DATE SIGNED		11/13/51	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE	
BURIAL		11-16-51	
24C. NAME OF CEMETERY OR CREMATORY		24D. LOCATION (City, town, or county) (State)	
Cathedral Cem.		City.	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE	
NOV 14 1951		[Signature]	
25. FUNERAL DIRECTOR		ADDRESS	
[Signature]		[Address]	

5906E

Greenmount Ave 622 N. B. 93a

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **51 9832**

1. NAME OF DECEASED Type or Print) MARIO VACCAREZZA		2. DATE OF DEATH Nov. 12, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Mestrine Padova (Italy) B. COUNTY	
5. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Shipboard - Giacomo Fassio		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Mestrine Padova (Italy)	
6. Length of stay in Baltimore 12 Hours		D. STREET ADDRESS (If rural, give location)	
7. SEX Male	8. COLOR OR RACE White	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	10. DATE OF BIRTH Janua. 14 1901
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Steam Ship Master		12. KIND OF BUSINESS OR INDUSTRY on Giacomo Fassio Ship	
13. FATHER'S NAME Gerolamo Vaccarezza		14. MOTHER'S MAIDEN NAME Rosy De Gregeri	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) Yes, no or unknown		16. SOCIAL SECURITY NO.	
17. INFORMANT Ettore Vaccarezza 96 Tremont Ave Orange, NJ		ADDRESS East	

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Coronary artery sclerosis DUE TO		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO		
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?		
22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> X accident <input type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/> .				
23A. SIGNATURE Stanley H. Dureacher		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input checked="" type="checkbox"/> M.D. 11-13-51		

24A. BURIAL, CREMATION, REMOVAL (Specify) Removal	24B. DATE Nov. 17-51	24C. NAME OF CEMETERY OR CREMATORY GENOVA	24D. LOCATION (City, town, or county) (State) Italy
DATE RECEIVED BY LOCAL REGISTRAR NOV 14 1951	REGISTRAR'S SIGNATURE Frank Della Rocca	25. FUNERAL DIRECTOR 322 S. High St.	

240 55

94a ✓

MEDICAL CERTIFICATION

51 9833

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 9833
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Smith, Corvall Oscar

2. DATE
OF
DEATH

Nov. 13, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

University Hospital

C. Length of stay in Baltimore

42

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Capt. Maintenance,

10B. KIND OF BUSINESS OR
INDUSTRY

Recreation Building Assoc

13. FATHER'S NAME

Allen L. Smith

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

Md

B. COUNTY

Bolt.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore, 12 27-10

D. STREET ADDRESS (If rural, give location)

900 Beaumont Ave.

8. DATE OF BIRTH

Oct 24, 1902

9. AGE (In years
last birthday)

49

11. Under 1 Year
Months: Days12. Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

New York

12. CITIZEN OF
WHAT COUNTRY?

U. S.

14. MOTHER'S MAIDEN NAME

Mabel Kyle

17. INFORMANT

Mrs. Lillian Smith (wife) same

ADDRESS

18.

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Myocardial infarct

INTERVAL BETWEEN
ONSET AND DEATH

4 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Multiple emboli

5 mo.

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Cerebral thrombosis

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

m. WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 10, 1951, to Nov 13, 1951, that I last saw the
deceased alive on Nov. 13, 1951, and that death occurred at 10:40 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Robert A. Moore, Jr.

M. O.

23B. ADDRESS

Univ. Hosp. Balto.

23C. DATE SIGNED

Nov. 13, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

11-16-1951

24C. NAME OF CEMETERY OR CREMATORY

MORELAND MEMORIAL

24D. LOCATION (City, town, or county)

BALTO. Co.

MD

DATE RECEIVED BY
LOCAL REGISTRAR

NOV 14 1951

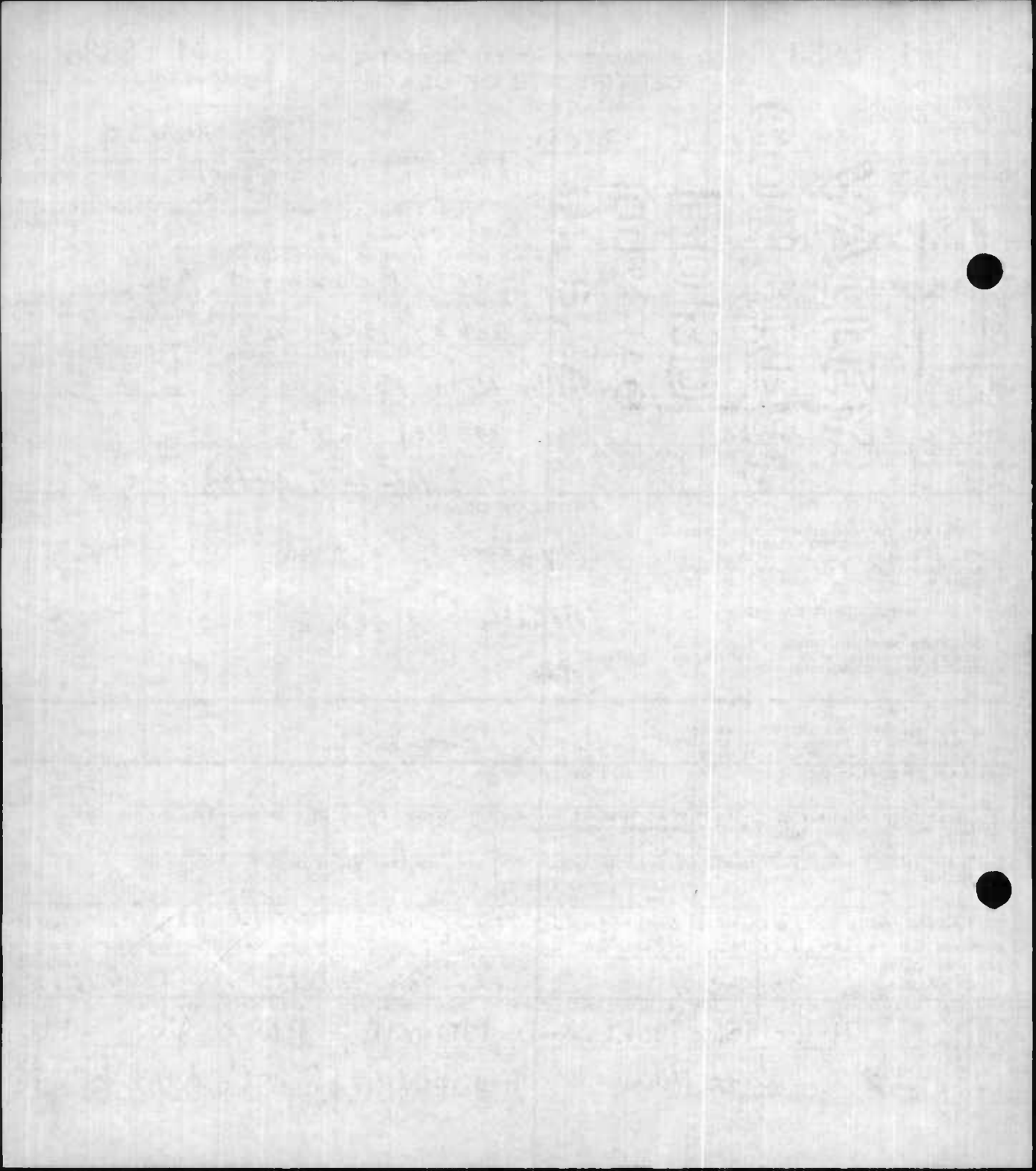
REGISTRAR'S SIGNATURE

Washington Williams, M.D.

25. FUNERAL DIRECTOR

H.W. JENKINS & SONS Co. 4905 YORK RD

ADDRESS



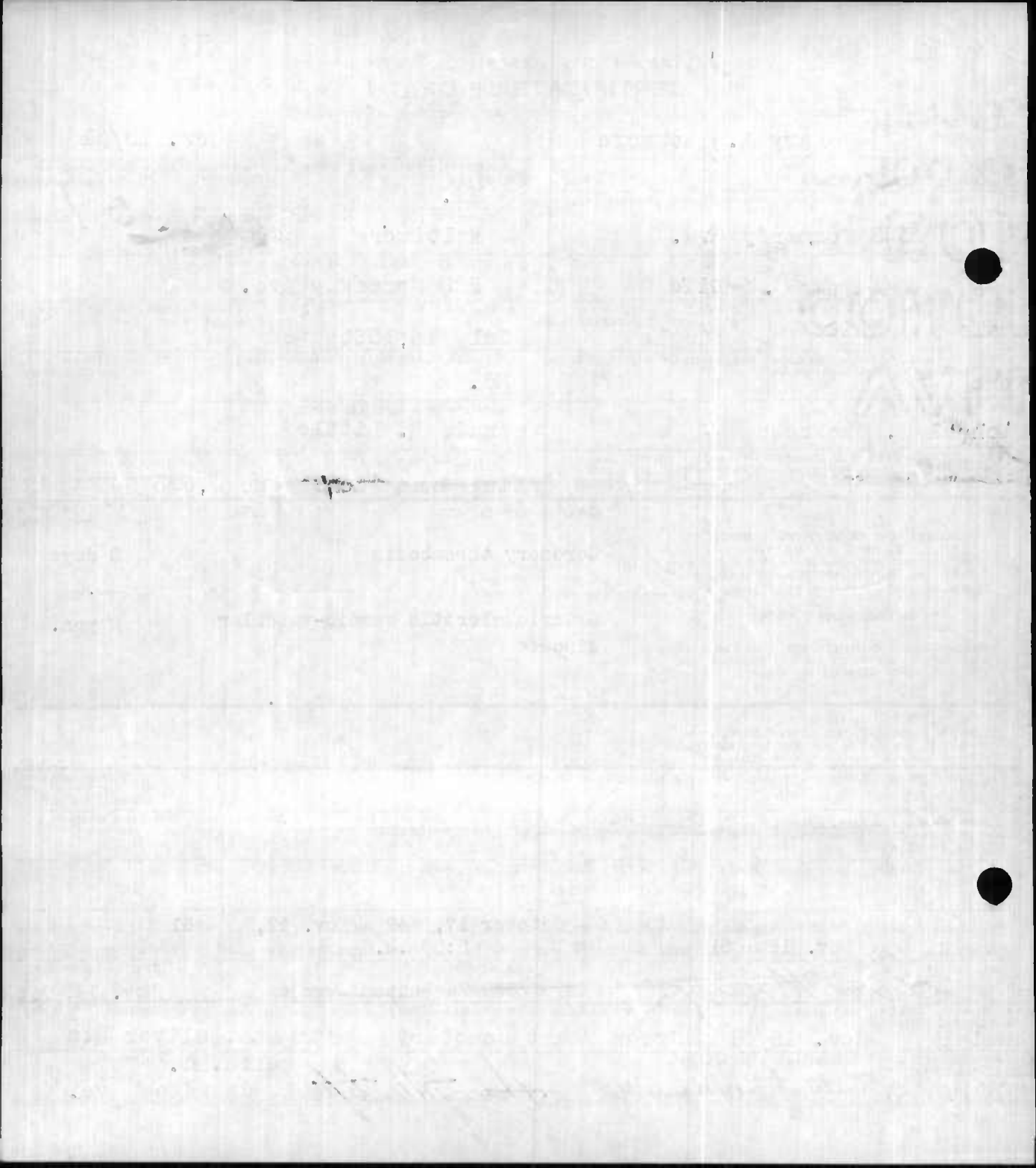
2691 9834

51 9834

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

1. NAME OF DECEASED (Type or Print) Mary L. Showacre		2. DATE OF DEATH Nov. 13/51	
3. PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY _____	
5. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) 523 Normandy Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Baltimore	
6. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 523 Normandy Ave.	
7. SEX Female	8. COLOR OR RACE White	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	10. DATE OF BIRTH July 18, 1863
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		12. AGE (In years last birthday) 88	
13. FATHER'S NAME Michael S. Showacre		14. MOTHER'S MAIDEN NAME Annie R. Little	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. _____	
17. INFORMANT Miss Anna Mae Showacre		ADDRESS 523 Normandy Ave	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Coronary thrombosis		INTERVAL BETWEEN ONSET AND DEATH 3 days	
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Arteriosclerotic cardio-vascular disease		INTERVAL BETWEEN ONSET AND DEATH 2 yrs.	
20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
21A. DATE OF OPERATION 0		21B. MAJOR FINDINGS OF OPERATION	
22A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		22D. TIME (Month) (Day) (Year) (Hour) (Minute) (Second) Nov. 12, 1951	
22E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22F. HOW DID INJURY OCCUR?	
23. I hereby certify that I attended the deceased from October 17, 1951 to Nov. 13, 1951 , that I last saw the deceased alive on Nov. 12, 1951 , and that death occurred at 3:00 A.M. from the causes and on the date stated above.			
23A. SIGNATURE <i>George A. Kuyper</i>		23B. ADDRESS 3030 Edmondson Avenue	
23C. DATE SIGNED Nov. 14, 1951		23D. SIGNATURE <i>Harry M. Kuyper</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Nov. 15/51	
24C. NAME OF CEMETERY OR CREMATORY Green Mount Cemetery		24D. LOCATION (City, town, or county) (State) North Ave. & Oliver Sts	
25. DATE RECEIVED BY LOCAL REGISTRAR NOV 14 1951		25. REGISTRAR'S SIGNATURE <i>Walter H. Williams, Jr.</i>	
25. FUNERAL DIRECTOR <i>Harry M. Kuyper</i>		25. ADDRESS Balto. Md. 301 Edmondson Ave.	



BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51 9835
Registered No.

BIRTH NO. 9835 51-26146

1. NAME OF DECEASED
(Type or Print)

Baby Girl Nelson

2. DATE
OF
DEATH November 2, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

The Johns Hopkins Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1808 McCulloh Street - 17

5. SEX

Female

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
singleYrs.
Mos.
Days

8. DATE OF BIRTH

Nov. 2, 1951

9. AGE (In years
last birthday)If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Infant

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John Nelson

14. MOTHER'S MAIDEN NAME

Elaine Garrett - 571356

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)
Yes, no or unknown)
No16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Hospital records

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

Anoxia

DUE TO

Abruptio placentae

ANTECEDENT CAUSES

(B)

Bad placenta

DUE TO

Breech presentation

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from 11/2, 1951, to 11/2, 1951, that I last saw the
deceased alive on 11/2, 1951, and that death occurred at 10:30 a.m., from the causes and on the date stated above.

23. SIGNATURE

George W. Corwin, Jr.

M. D.

23B. ADDRESS

The Johns Hopkins Hospital

23C. DATE SIGNED

11/5/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

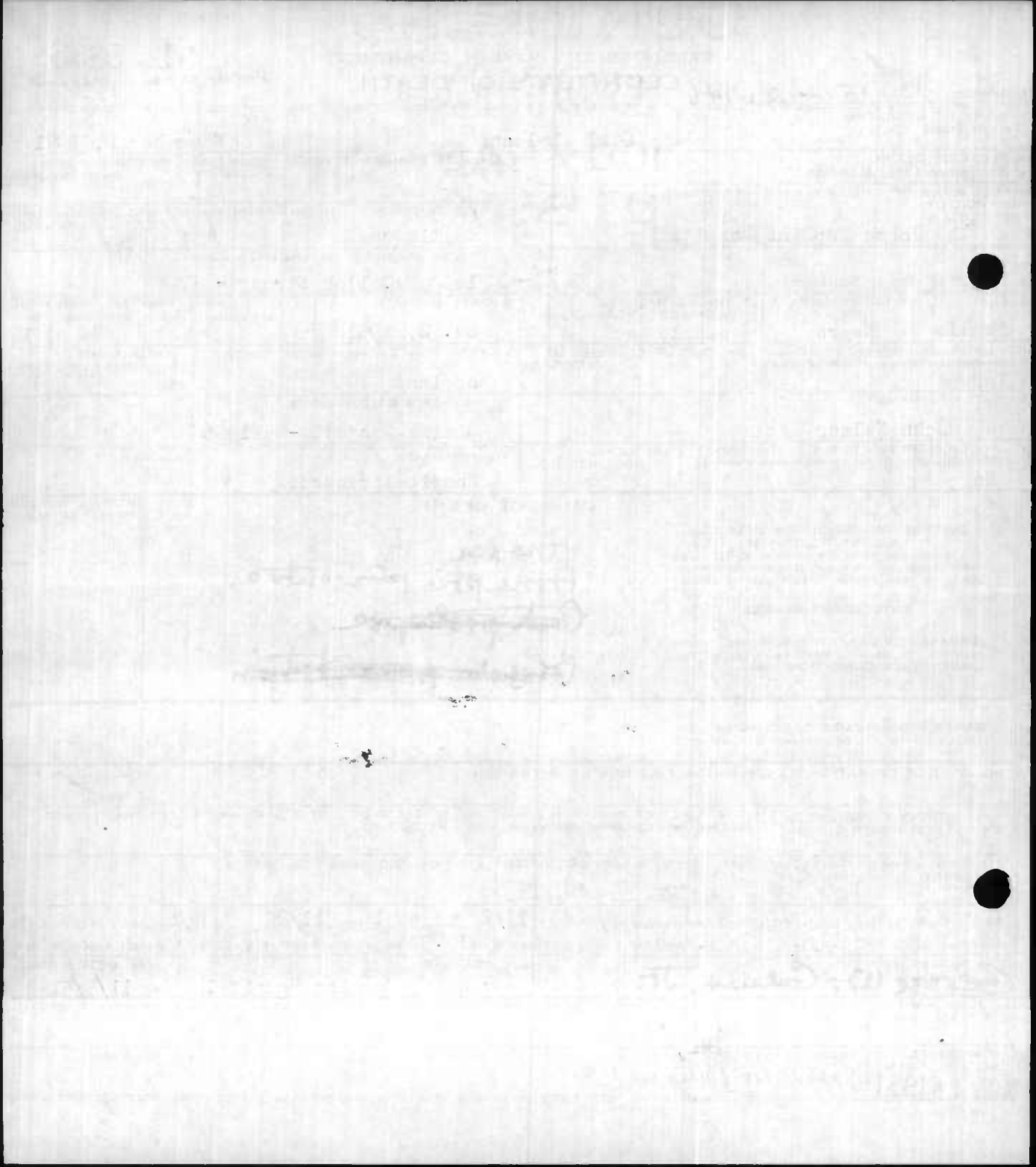
REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 14 1951

George W. Corwin, Jr.



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

51 9836
Registered No. 51 9836

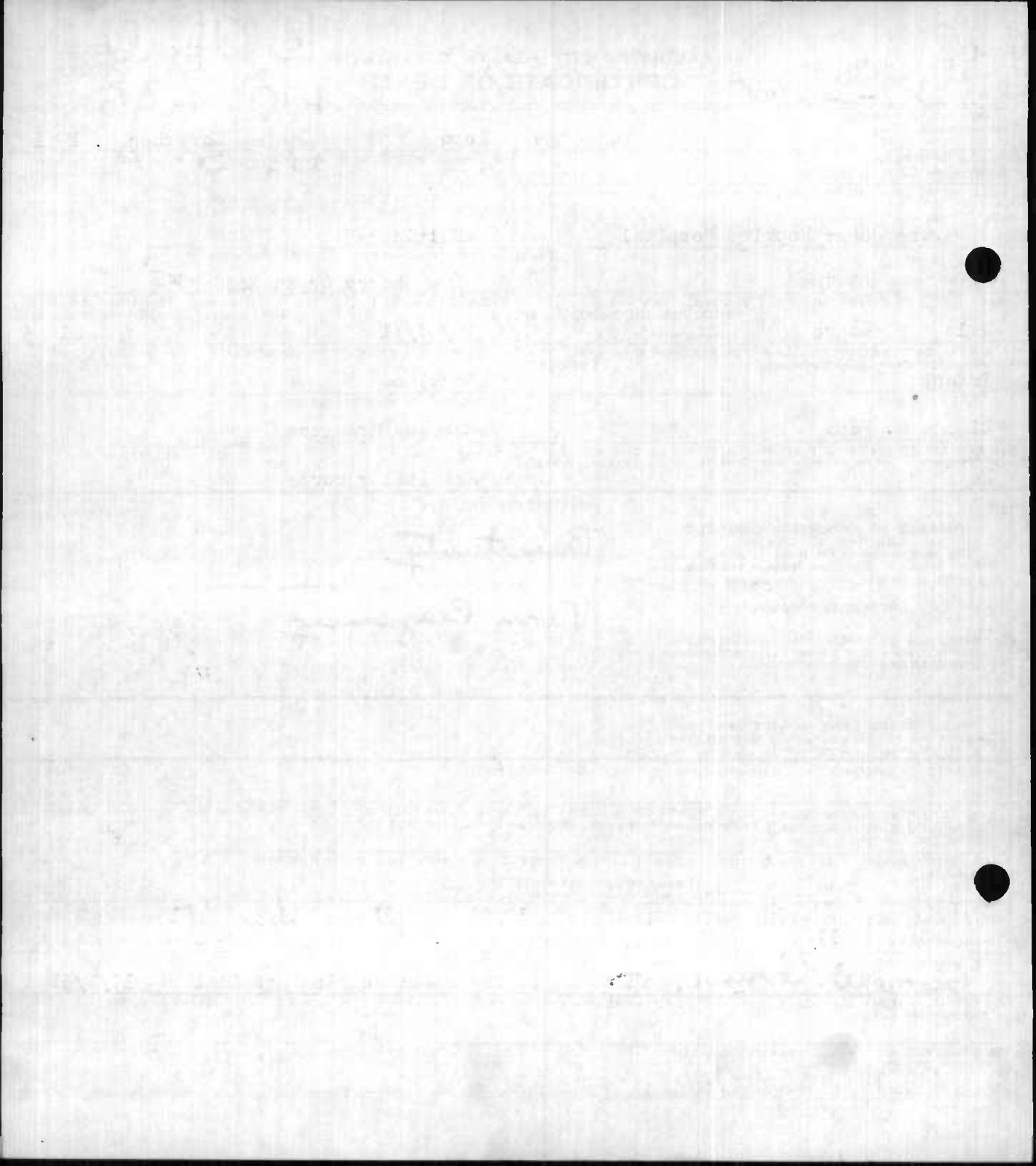
BIRTH NO. 51 9836 51-26148

1. NAME OF DECEASED (Type or Print) Baby Boy Pope			2. DATE OF DEATH November 5, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY 25-32		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION The Johns Hopkins Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 609 Cherry Crest Road -25		
5. SEX Male	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 10/31/51		9. AGE (In years last birthday) 4
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? 4 21 3
13. FATHER'S NAME Claude A. Pope			14. MOTHER'S MAIDEN NAME Rebecca Gracyson		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Hospital records (584831)		

1B. 776X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH Prematurity (A) DUE TO		INTERVAL BETWEEN ONSET AND DEATH
	Twin Pregnancy (B) DUE TO		
	(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 10/31 , 19 51 , to 11/5 , 19 51 , that I last saw the deceased alive on 11/5 , 19 51 , and that death occurred at 6:10A.m. , from the causes and on the date stated above.					
23A. SIGNATURE George W. Corner, Jr. M. D.		23B. ADDRESS The Johns Hopkins Hospital		23C. DATE SIGNED 11/7/51	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY Harf Bep...	
24D. LOCATION (City, town, or county)		24E. LOCATION (State)			

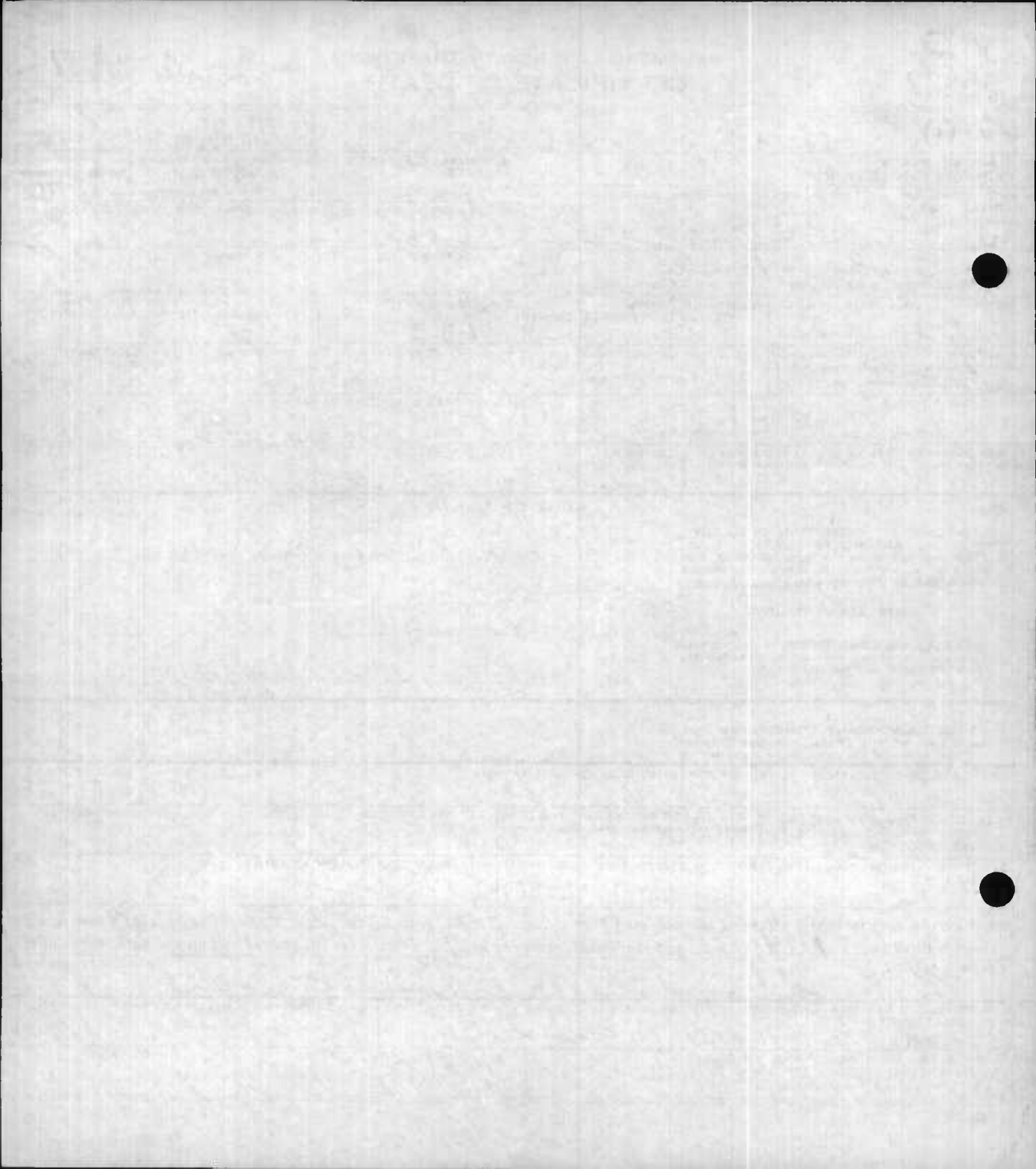
DATE RECEIVED BY LOCAL REGISTRAR NOV 14 1951		REGISTRAR'S SIGNATURE Washington Williams, Jr.		25. FUNERAL DIRECTOR ADDRESS	
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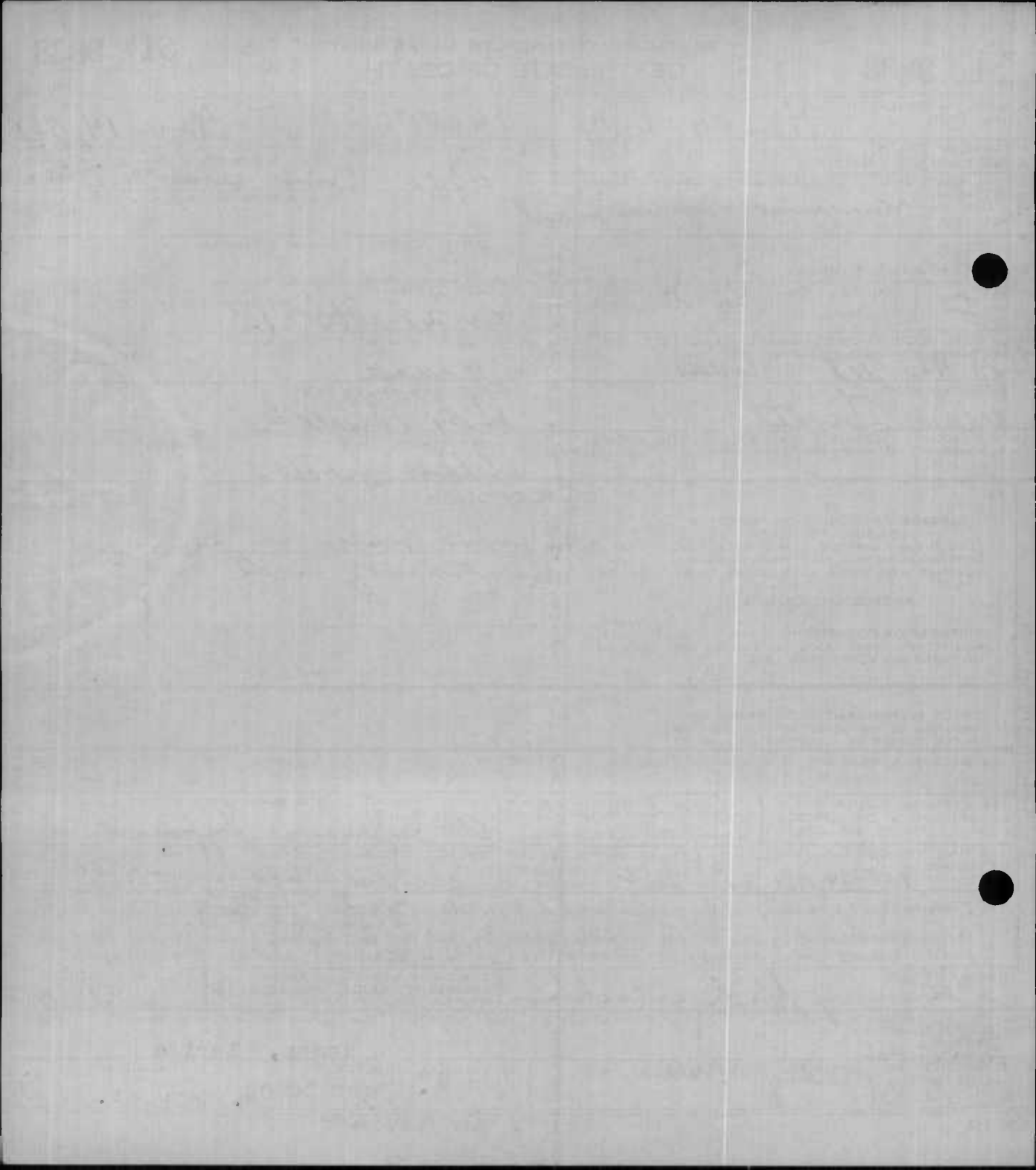
620
1 9837BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 9837

1. NAME OF DECEASED (Type or Print) <u>Russell Shires</u>		2. DATE OF DEATH <u>Nov. 14, 1951</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived before admission) A. STATE <u>Maryland</u> B. COUNTY <u>Sevier</u>	
5. FULL NAME OF HOSPITAL OR INSTITUTION <u>University Hospital</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Colona</u>	
6. LENGTH OF STAY IN BALTIMORE <u>3 weeks 1 day</u>		D. STREET ADDRESS (If rural, give location) <u>5700</u>	
7. SEX <u>male</u>	8. COLOR OR RACE <u>white</u>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>	10. DATE OF BIRTH <u>1937</u>
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>		12. BIRTHPLACE (State or foreign country) <u>Maryland</u>	
13. FATHER'S NAME <u>Holly Shires</u>		14. MOTHER'S MAIDEN NAME <u>Francis Royce Penney</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INTERMEDIATE ADDRESS <u>Father</u>		18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Chronic Glomerulonephritis</u> DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) <u>Uremia</u> DUE TO (C) <u>Uremic encephalopathy</u> OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION <u>0</u>		19B. MAJOR FINDINGS OF OPERATION	
20A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		20B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <input type="checkbox"/>	
20C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		20D. TIME (Month) (Day) (Year) (Hour) INJURY <u>10-23, 1951</u>	
20E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20F. HOW DID INJURY OCCUR? <u>11-14, 1951</u>	
21. I hereby certify that I attended the deceased from <u>10-23, 1951</u> to <u>11-14, 1951</u> , that I last saw the deceased alive on <u>10-14, 1951</u> and that death occurred at <u>9 p.m.</u> , from the causes and on the date stated above.		22. SIGNATURE <u>H. K. Skizton M.D.</u>	
23A. ADDRESS <u>University Hospital</u>		23B. DATE SIGNED <u>11-14-51</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		24B. DATE <u>Nov 20 1951</u>	
24C. NAME OF CEMETERY OR CREMATORY <u>Bepdest Cem</u>		24D. LOCATION (City, town, or county) (State) <u>Conowingo Md.</u>	
25. DATE RECEIVED BY LOCAL REGISTRAR <u>NOV 15 1951</u>		25. REGISTRAR'S SIGNATURE <u>W. H. Williams</u>	
26. FUNERAL DIRECTOR <u>J. E. Syson</u>		26. ADDRESS <u>Rising Sun Md.</u>	



623 51 9838 BIRTH NO.		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		51 9838 Registered No.	
1. NAME OF DECEASED (Type or Print)		HELEN ERY TROSTL		2. DATE OF DEATH Nov. 14, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: name and address) A. STATE B. COUNTY 6302 King Langra Fla.		12. CITIZEN OF WHAT COUNTRY?	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Maryland General Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)		D. STREET ADDRESS (If rural, give location) V-08	
c. Month of stay in Baltimore		8. DATE OF BIRTH Jan 28-1936		9. AGE (in years last birthday) 15	
5. SEX F		6. COLOR OR RACE W		10. USUAL OCCUPATION (Give kind of work done during past 12 months, even if retired) High Wire Act	
7. (SINGLE) MARRIED, WIDOWED, DIVORCED (Specify)		11. BIRTHPLACE (State or foreign country) Georgia		12. CITIZEN OF WHAT COUNTRY?	
10A. USUAL OCCUPATION (Give kind of work done during past 12 months, even if retired) High Wire Act		10B. KIND OF BUSINESS OR INDUSTRY Circus		14. MOTHER'S MAIDEN NAME Ledy Weirich	
13. FATHER'S NAME Arthur Trostl		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Arthur Trostl		ADDRESS			
18. E 902.4 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) INTERNAL CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH (A) Internal Hemorrhage Rupture of liver. (B) (C)		INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Circus at Armory		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 5th Reg Armory - Hoffman St. 11/4	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY Nov. 14, 1951 3:30 P.M.		21E. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? Fell from tight rope wire to ground 50 ft	
22. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE Stanley H. Durlacher		23B. CHIEF MEDICAL EXAMINER... ASSISTANT MEDICAL EXAMINER... MEDICAL INVESTIGATOR... M.D.		23C. DATE SIGNED Nov. 14, 1951	
24A. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
24D. LOCATION (City, town, or county) (State) Tampa, Florida		25. FUNERAL DIRECTOR John A. Moran, 3000 N. Balto St.		ADDRESS	
DATE RECEIVED BY LOCAL REGISTRAR NOV 15 1951		REGISTRAR'S SIGNATURE [Signature]		VS 151 N-864.0 0518M Per N8 Lwin 186a ✓	



600
9839

JL 98005

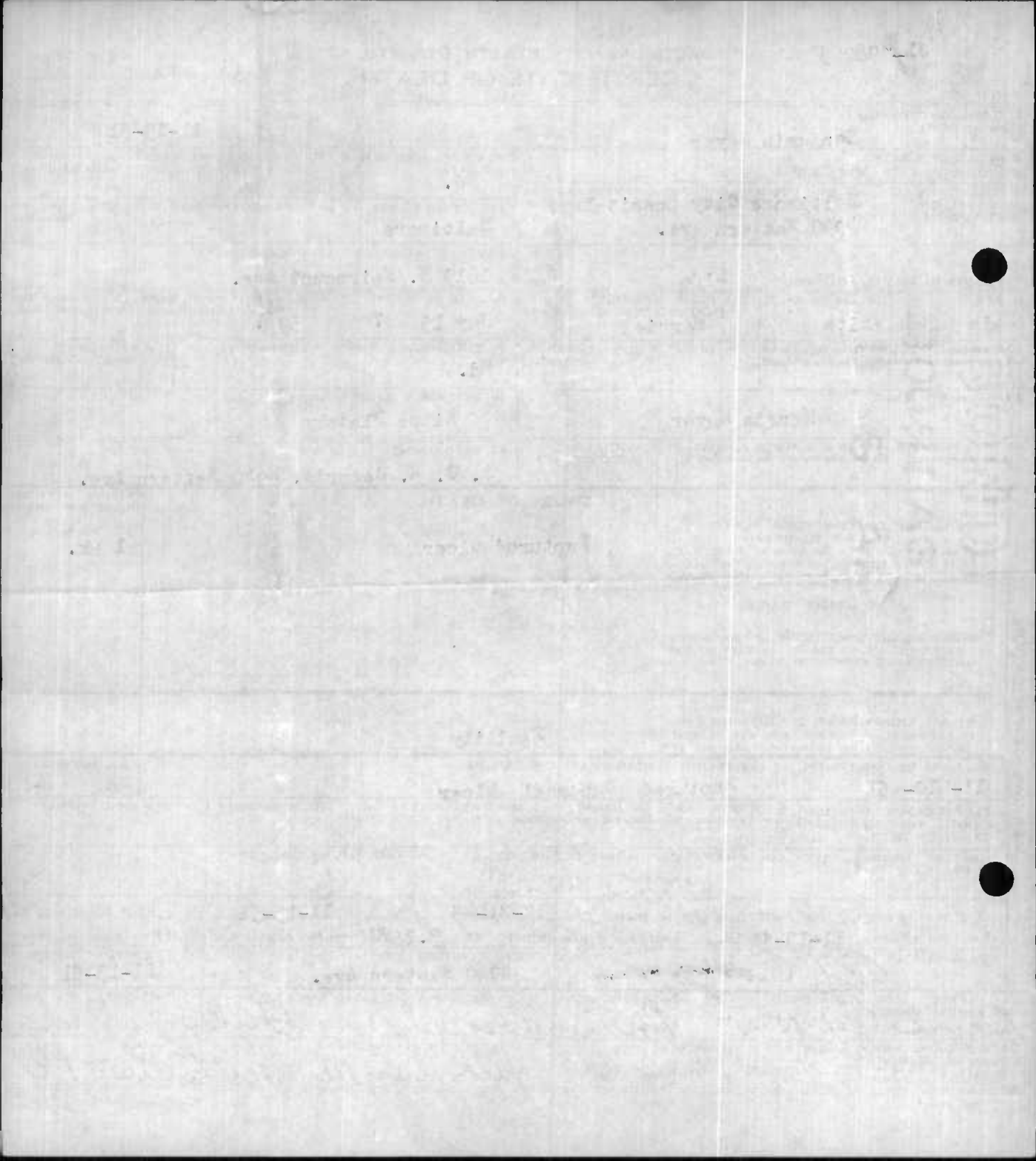
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 9839

1. NAME OF DECEASED (Type or Print) Benjamin Meyer		2. DATE OF DEATH 11-13-51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY	
5. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
6. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 1819 E. Fairmount Ave.	
7. SEX Male	8. COLOR OR RACE White	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	10. DATE OF BIRTH May 15 1869
11. AGE (In years last birthday) 69		12. AGE (In years last birthday) 69	
13. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		14. KIND OF BUSINESS OR INDUSTRY	
15. FATHER'S NAME Morris Meyer		16. MOTHER'S MAIDEN NAME Hilsa Platsky	
17. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		18. SOCIAL SECURITY NO.	
19. INFORMANT B. C. H. Records, 4940 Eastern Ave.		ADDRESS	
19. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Ruptured Ulcer DUE TO INTERVAL BETWEEN ONSET AND DEATH 1 wk.			
20. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Senility			
21. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
22. DATE OF OPERATION 11-10-51		23. MAJOR FINDINGS OF OPERATION Ruptured Duodenal Ulcer	
24. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		25. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
26. TIME (Month) (Day) (Year) (Hour) INJURY		27. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK	
28. HOW DID INJURY OCCUR?		29. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
30. I hereby certify that I attended the deceased from 12-21-45 , 19__, to 11-13-51 , 19__, that I last saw the deceased alive on 11-13-51 , 19__ and that death occurred at 3:25 PM from the causes and on the date stated above.			
31. SIGNATURE J. L. Williams		32. ADDRESS 4940 Eastern Ave.	
33. DATE SIGNED 11-13-51		34. NAME OF CEMETERY OR CREMATORY Grain Israel	
35. DATE RECEIVED BY LOCAL REGISTRAR NOV 15 1951		36. REGISTRAR'S SIGNATURE William Williams	
37. FUNERAL DIRECTOR Jack Lewis		38. ADDRESS 2100 Eutaw Pl	

MEDICAL CERTIFICATION

117a



260
51 9840
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 9840

1. NAME OF DECEASED (Type or Print) SARAH A. BAKER		2. DATE OF DEATH 11-14-51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION 3412 Bateman Ave		C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Baltimore 15-38	
C. Length of stay in Baltimore 67 Yrs. Mon. Days		D. STREET ADDRESS (If rural, give location) 3412 Bateman Ave	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH 8/1
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 81
13. FATHER'S NAME Moses		12. CITIZEN OF WHAT COUNTRY? Russia	
14. MOTHER'S MAIDEN NAME Hannah		11. BIRTHPLACE (State or foreign country)	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Charles Baker - Emerson Ave		ADDRESS	

18. 4221 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Myocardial insufficiency CAUSE OF DEATH Anteriosclerosis		INTERVAL BETWEEN ONSET AND DEATH 6 days
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. ✓		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from Nov. 13, 1951 , to Nov. 14, 1951 , that I last saw the deceased alive on Nov. 13, 1951 , and that death occurred at 6:30 A.M. , from the causes and on the date stated above.				
23A. SIGNATURE Sister Q. Levy M. D.		23B. ADDRESS 2322 Cutaw Place		23C. DATE SIGNED 11-14-51
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 11-15-51	24C. NAME OF CEMETERY OR CREMATORY Balto - Hebrew	24D. LOCATION (City, town, or county) (State) Balto Md	
DATE RECEIVED BY LOCAL REGISTRAR NOV 15 1951		REGISTRAR'S SIGNATURE Seating for Williams, H. H.		25. FUNERAL DIRECTOR Jack Lewis ADDRESS 2100 Cutaw Pl

Madore Levy
2322 Easton Pl
La 4485

620
51 9841BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 9841

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WILLIAM H. MORRIS

2. DATE
OF
DEATH

NOV 13, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland 1440 AISQUITTH ST

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

MARY LAND

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

1440 AISQUITTH ST

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

JAN 31, 1875

9. AGE (in years
last birthday)

76

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

CARPENTER

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

MARY LAND

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

CHARLES K. MORRIS

14. MOTHER'S MAIDEN NAME

MORIAN HIGGINS

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL
SECURITY NO.

27-07-3171

17. INFORMANT

ADDRESS

WALTER SIMMS 3437 ELMORA

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)(A) Generalized arteriosclerosis
with cerebrovascular sclerosis
& coronary arteriosclerosis

3 years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1946, 19 to Nov. 12, 1951, that I last saw the
deceased alive on Nov 11, 1951, and that death occurred at 4:00 p. m., from the causes and on the date stated above.

23A. SIGNATURE

Evel Smith

23B. ADDRESS

1223 E North Ave

23C. DATE SIGNED

11/14/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

REMOVAL

24B. DATE

NOV. 15, 1951

24C. NAME OF CEMETERY OR CREMATORY

CHESTERFIELD

24D. LOCATION (City, town, or county) (State)

CENTERVILLE MD

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

S. H. Williams, Jr.

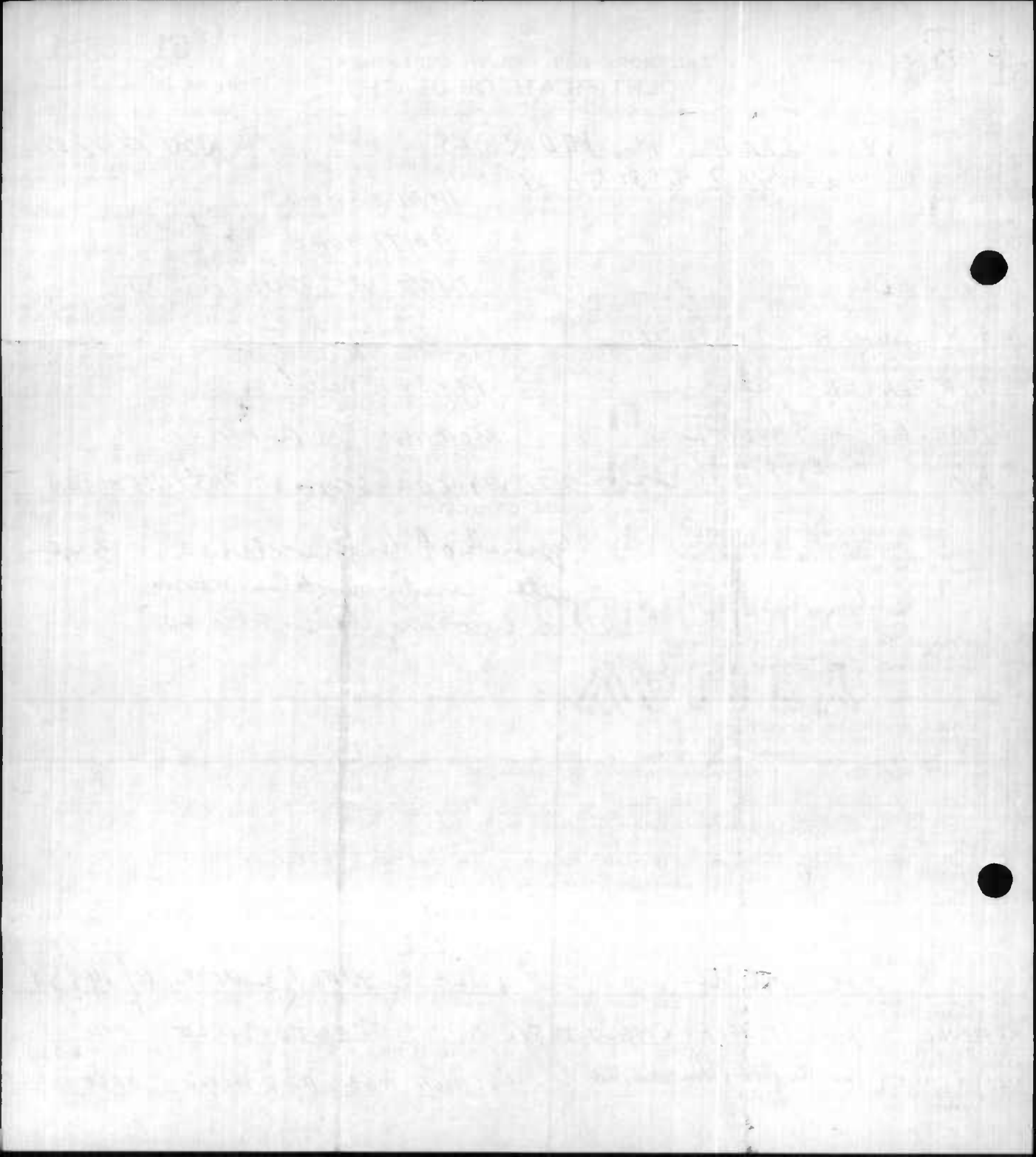
25. FUNERAL DIRECTOR

ADDRESS 2008

ULLRICH FUNERAL HOME

ORLEANS ST

NOV 15 1951



750
9842

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 9842
Registered No.

BIRTH NO. 50-25570

1. NAME OF DECEASED (Type or Print) ALVIN LEE JACKSON Jr.		2. DATE OF DEATH 11-13-51	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Maryland. b. COUNTY Baltimore,	
b. FULL NAME OF (If not in hospital or institution, give street address or location) St. Joseph's Hospital		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore,	
c. Length of stay in Baltimore life		d. STREET ADDRESS (If rural, give location) 104 E. Gittings Street - 30	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 10-28-50
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME Alvin Lee Jackson, Sr.		14. MOTHER'S MAIDEN NAME Mary Tress.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Alvin Lee Jackson, Sr.		ADDRESS 104 E. Gittings	

18. 527.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Calcutasis		CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Bronchial Asthma.		(A) DUE TO	
		(B) DUE TO	
		(C) DUE TO	

19a. DATE OF OPERATION 11-13-51		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 11-11- , 19 51 , to 11-13- , 19 51 , that I last saw the deceased alive on 11-13- , 19 51 , and that death occurred at 10:40p.m. , from the causes and on the date stated above.					
23a. SIGNATURE E. P. Coffey Jr.		23b. ADDRESS 1400 N. Caroline Street - 13		23c. DATE SIGNED 11-13-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov. 13, 1951		24c. NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery	
DATE RECEIVED BY LOCAL REGISTRAR NOV 15 1951		REGISTRAR'S SIGNATURE W. H. Williams, Jr.		25. FUNERAL DIRECTOR A. A. Co.	
				ADDRESS 1400 S. Charles St.	

114E

1-1-7



530
Mead & Case
51 9843
BIRTH NO. 9843
Julia

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 9843
Registered No.

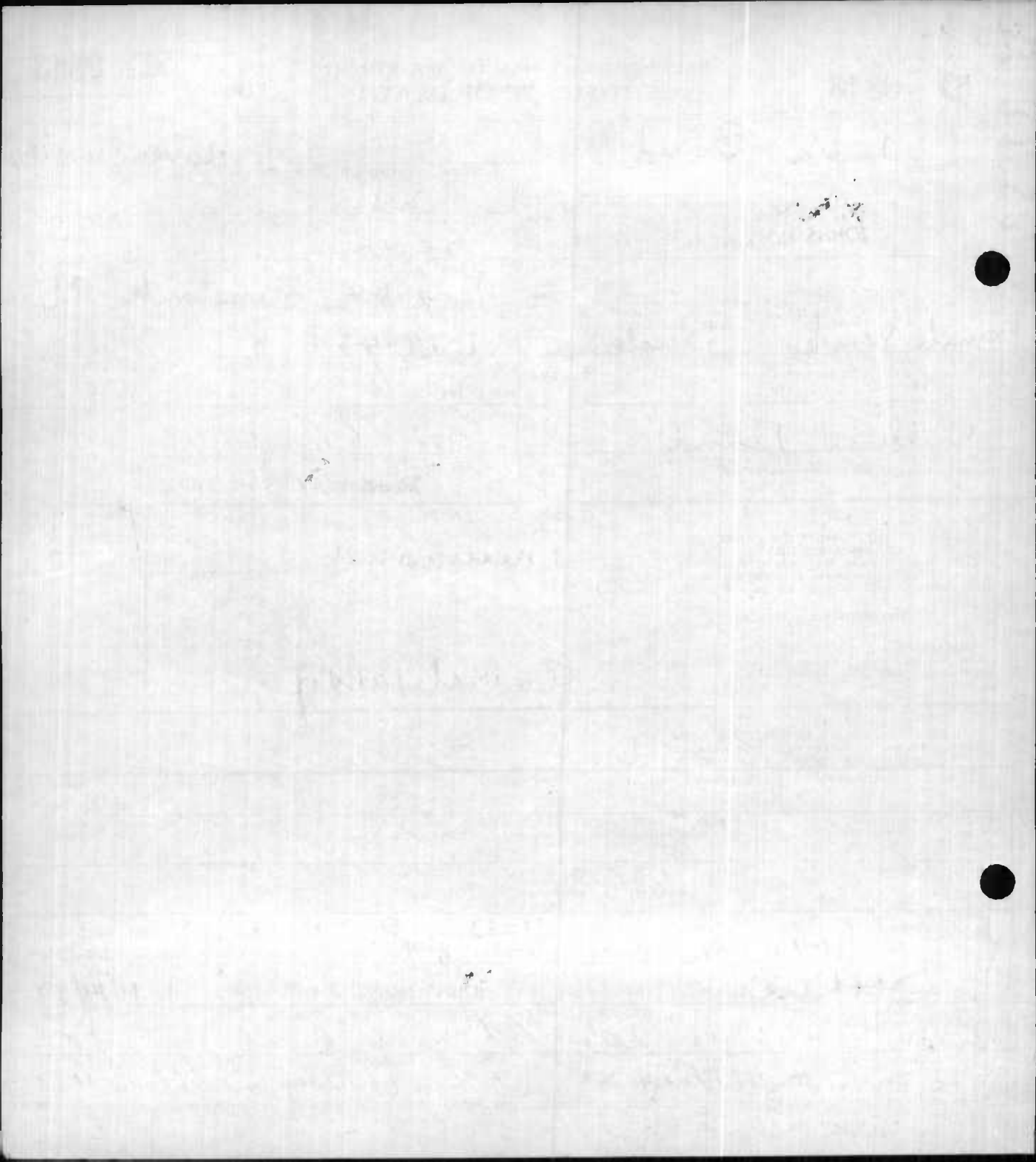
1. NAME OF DECEASED (Type or Print) Julia Band			2. DATE OF DEATH November 13, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Ind. B. COUNTY Anne Arundel		
B. FULL NAME OF HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL			C. CITY OR TOWN Severn (If outside corporate limits, write RURAL and give township)		
C. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) Box 144, Minetanka Rd.		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 1-19-43		9. AGE (In years last birthday) 8
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none			11. BIRTHPLACE (State or foreign country) Balto		12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME William J. Band			14. MOTHER'S MAIDEN NAME Julia Kelferstay		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war nr dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT JOHNS HOPKINS HOSPITAL			ADDRESS		

18. 351X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Pneumonia DUE TO (A) Pneumonia (B) Cerebral Palsy (C) Cerebral Palsy	CAUSE OF DEATH Pneumonia Cerebral Palsy	INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in nr about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 11-13 , 1951, to 11-13 , 1951, that I last saw the deceased alive on 11-13 , 1951, and that death occurred at 8:50 P.M. , from the causes and on the date stated above.					
23A. SIGNATURE S. H. Kahan		23B. ADDRESS JOHNS HOPKINS HOSPITAL		23C. DATE SIGNED 11/14/51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Nov 17, 1951	24C. NAME OF CEMETERY OR CREMATORY Bedou. Hill	24D. LOCATION (City, town, or county) A. A. Co (State) md		
DATE RECEIVED BY LOCAL REGISTRAR NOV 15 1951	REGISTRAR'S SIGNATURE William J. Williams, Jr.	25. FUNERAL DIRECTOR Ch. Howard Evans ADDRESS 1400 S. Charles St			

Released to hospital

87E



620

9844

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 9844

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)*Benjamin Lauers*2. DATE
OF
DEATH*11/14/51*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION*38 So Fremont Ave*4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

38 So Fremont Ave

c. Length of stay in Baltimore

47 yrs

5. SEX

male

6. COLOR OR RACE

*white*7. SINGLE, MARRIED,
WIDDED, DIVORCED (Specify)*married*

8. DATE OF BIRTH

*Aug 24, 1881*9. AGE (In years
last birthday)*70*If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)*Sailor*10B. KIND OF BUSINESS OR
INDUSTRY*Clothing (m)*

11. BIRTHPLACE (State or foreign country)

*Lithuanian*12. CITIZENSHIP
WHAT COUNTRY?*US*

13. FATHER'S NAME

Anthony Lauers

14. MOTHER'S MAIDEN NAME

*Frances Konopapkos*15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

*Mrs. Victoria Lauers 38 So Fremont Ave*18. *470.1*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

*Myocardial Infarction*INTERVAL BETWEEN
ONSET AND DEATH*2 weeks*

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Hypertensive Cardiac Disease 4 yrs

(C) DUE TO

*Disease*II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *April 22*, 19*47*, to *Nov. 14*, 19*51*, that I last saw the
deceased alive on *Nov 14*, 19*51*, and that death occurred at *11:10A* m., from the causes and on the date stated above.

23. SIGNATURE

John P. Unlocks Jr

23B. ADDRESS

1227 Wash. Blv'd

23C. DATE SIGNED

*11-14-51*24A. BURIAL, CREMA-
TION, REMOVAL (Specify)*burial*

24B. DATE

11/17/51

24C. NAME OF CEMETERY OR CREMATORY

London St. Cem

24D. LOCATION (City, town, or county)

3801 Red Ave

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

NOV 15 1951

Frederick Williams

25. FUNERAL DIRECTOR

ADDRESS

John Konopapkos 901 S. Baltimore St.

VS 150

590 4G

931

MEDICAL CERTIFICATION



626

ND-153785

BIRTH NO. 51-25664

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 9845

1. NAME OF DECEASED (Type or Print) Craig Lee Parker		2. DATE OF DEATH 11-10-51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Avenue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 1610 Payson St. (17)	
5. SEX Male	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Nov. 1, 1951
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		9. AGE (In years last birthday) 10	
10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Maryland	
13. FATHER'S NAME H. Calvin Parker		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		14. MOTHER'S MAIDEN NAME Gladys Jackson	
16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Baltimore City Hospitals Records: 4940 Eastern Avenue	
18. 771.0 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Hemorrhagic Disease DUE TO Life		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)			
II OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 2		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 11-9 , 19 51 to 11-10 , 19 51 that I last saw the deceased alive on 11-10 , 19 51 and that death occurred at 6:50 p.m. , from the causes and on the date stated above.			
23A. SIGNATURE R.B. Rogers M. D.		23B. ADDRESS 4940 Eastern Avenue	
23C. DATE SIGNED 11-13-51			
24A. BURIAL, CREMA- TION, REMOVAL (Specify) Cremation?		24B. DATE 11-13-51	
24C. NAME OF CEMETERY OR CREMATORY B.C.H. Crematory		24D. LOCATION (City, town, or county) (State) 4940 Eastern Avenue	
DATE RECEIVED BY LOCAL REGISTRAR NOV 15 1951		REGISTRAR'S SIGNATURE Walter J. Williams, Jr.	
25. FUNERAL DIRECTOR		ADDRESS	

MEDICAL CERTIFICATION

51-9846
ND-153039
BIRTH NO. 51-16024

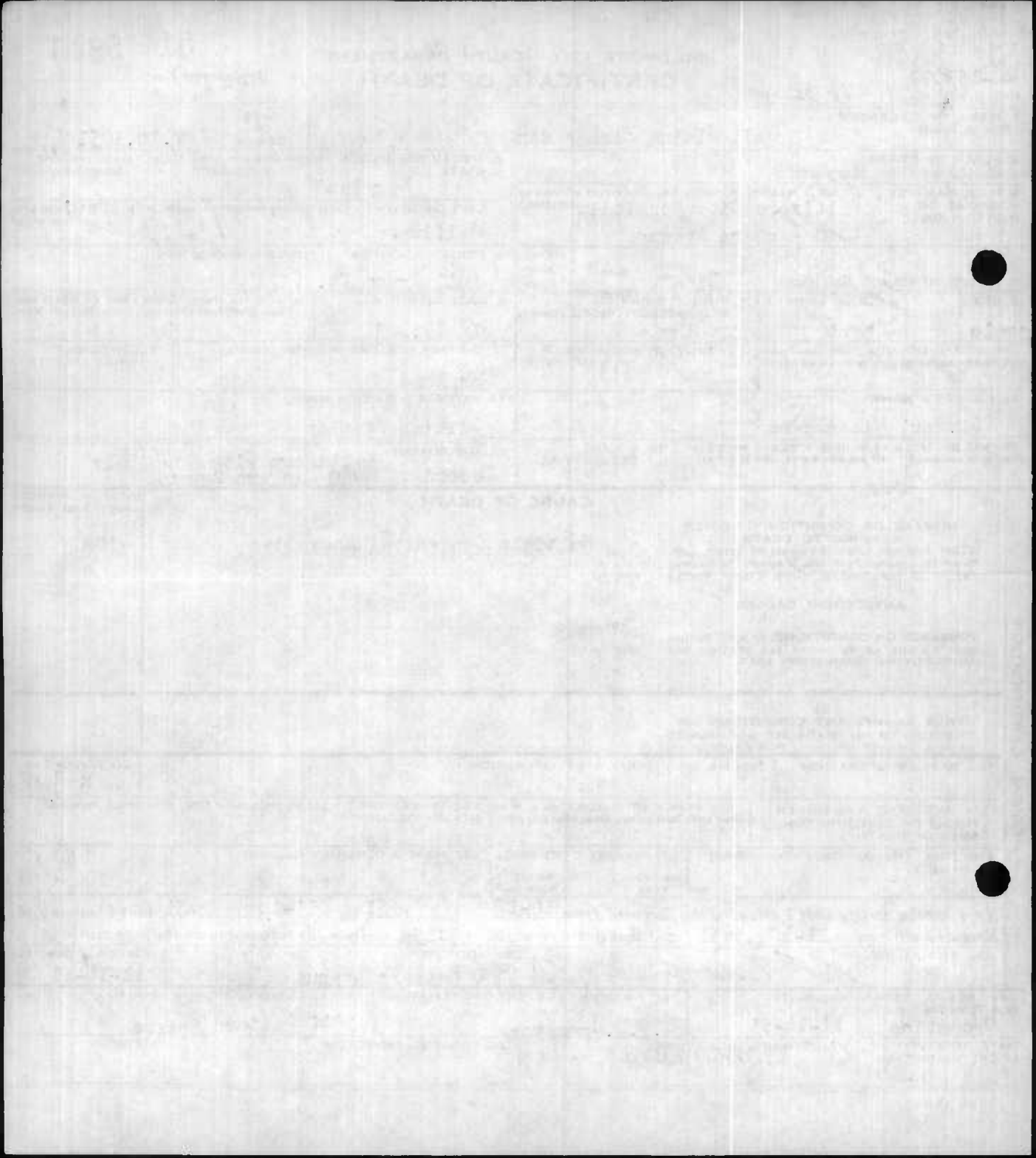
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 9846
Registered No.

1. NAME OF DECEASED (Type or Print) Gail Elaine Richardson		2. DATE OF DEATH Nov. 10, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals location) 4940 Eastern Avenue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 15-02	
c. Length of stay in Baltimore Life Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 1611 Bruce Ct. (17)	
5. SEX Female	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH July 17, 1951
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 3 If Under 1 Year: Days If Under 24 Hours: Hours Min.
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME St. Paul Richardson		14. MOTHER'S MAIDEN NAME Lillian Stanley	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Baltimore City Hospitals Records: 4940 Eastern Avenue		ADDRESS	

18. 759.3 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH (A) Multiple Congenital Anomalies DUE TO (B) DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH Life
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19A. DATE OF OPERATION 11-14-51		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 10-12, 1951, to 11-10, 1951, that I last saw the deceased alive on 11-10, 1951, and that death occurred at 3:15 a. m., from the causes and on the date stated above.					
23A. SIGNATURE R. B. Dwyer		23B. ADDRESS 4940 Eastern Avenue		23C. DATE SIGNED 11-14-51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Cremation		24B. DATE 11-14-51		24C. NAME OF CEMETERY OR CREMATORY B. C. H. Crematory	
24D. LOCATION (City, town, or county) 4940 Eastern Avenue		24E. LOCATION (State)		25. FUNERAL DIRECTOR ADDRESS	
DATE RECEIVED BY LOCAL REGISTRAR NOV 15 1951		REGISTRAR'S SIGNATURE W. H. Williams, Jr.		25. FUNERAL DIRECTOR ADDRESS	



436

ND-1556779847

BIRTH NO. 51-25760

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 3847

1. NAME OF DECEASED
(Type or Print) Baby Boy Eldridge (Louise)

2. DATE OF DEATH Nov. 4, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTY

5. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
Baltimore City Hospitals
4940 Eastern Avenue

6. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

7. STREET ADDRESS (If rural, give location)
1020 Ashland Ave.

8. Length of stay in Baltimore Life

9. SEX Male

10. COLOR OR RACE Negro

11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single

12. DATE OF BIRTH Nov. 4, 1951

13. AGE (In years last birthday) 2 5

14. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

15. KIND OF BUSINESS OR INDUSTRY

16. BIRTHPLACE (State or foreign country) Maryland

17. CITIZEN OF WHAT COUNTRY?

18. FATHER'S NAME Henry Eldridge

19. MOTHER'S MAIDEN NAME Louise Parker

20. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

21. SOCIAL SECURITY NO.

22. INFORMANT'S ADDRESS
Baltimore City Hospitals
Records: 4940 Eastern Avenue

23. CAUSE OF DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)
Prematurity
DUE TO
ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
DUE TO
DUE TO

24. INTERVAL BETWEEN ONSET AND DEATH Life

25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

26. DATE OF OPERATION 0

27. MAJOR FINDINGS OF OPERATION

28. AUTOPSY? YES ☐ NO ☒

29. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

30. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

31. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

32. TIME (Month) (Day) (Year) (Hour) INJURY

33. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

34. HOW DID INJURY OCCUR?

35. I hereby certify that I attended the deceased from 11-4, 1951, to 11-4, 1951, that I last saw the deceased alive on 11-4, 1951, and that death occurred at 11 p. m., from the causes and on the date stated above.

36. SIGNATURE J. J. Rogers M. D.

37. ADDRESS 4940 Eastern Avenue

38. DATE SIGNED 11-14-51

39. BURIAL, CREMATION, REMOVAL (Specify) Cremation

40. DATE 11-7-51

41. NAME OF CEMETERY OR CREMATORY B.C.H. Crematory

42. LOCATION (City, town, or county) 4940 Eastern Avenue

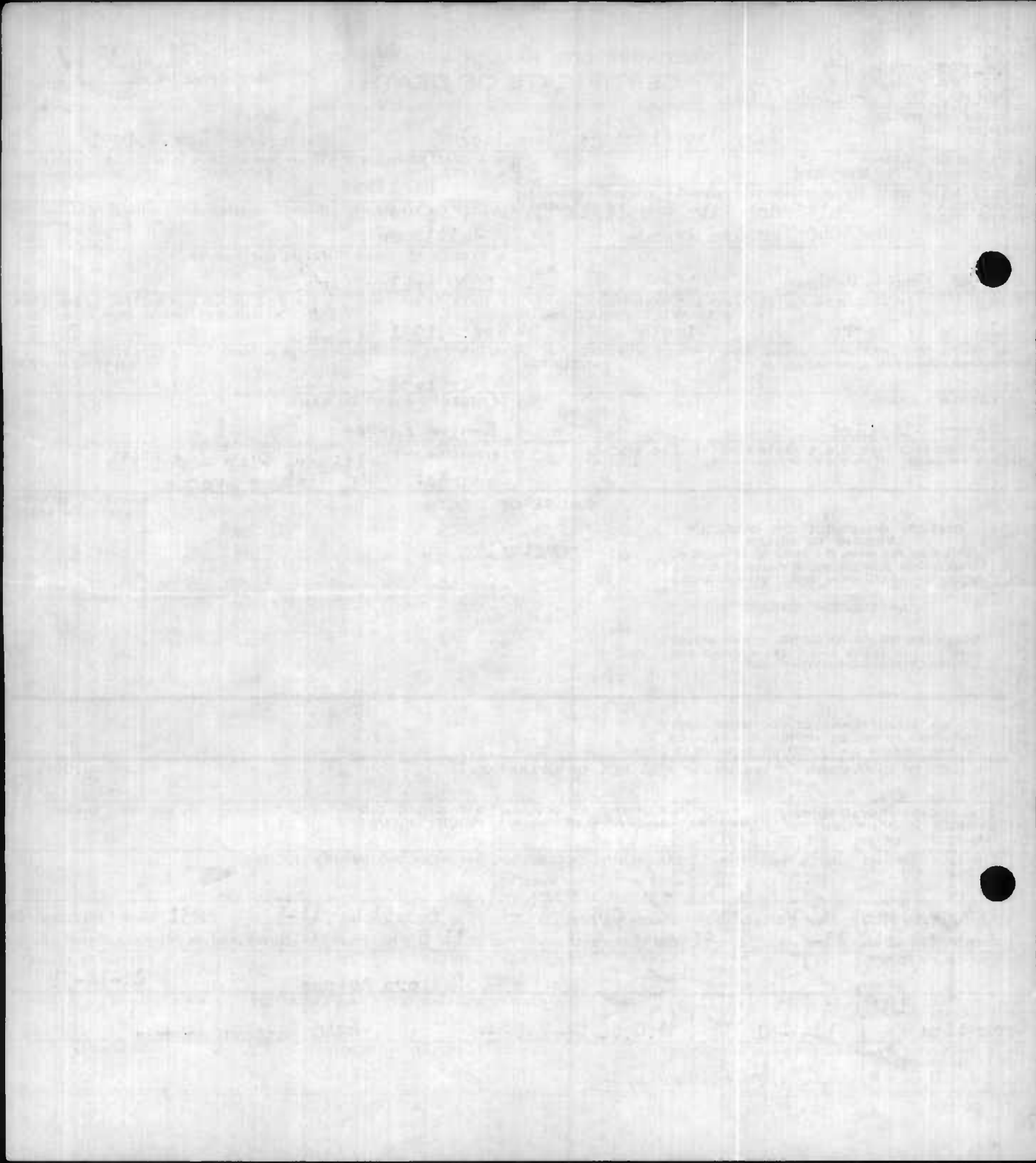
43. STATE

44. DATE RECEIVED BY LOCAL REGISTRAR NOV 15 1951

45. REGISTRAR'S SIGNATURE [Signature]

46. FUNERAL DIRECTOR

47. ADDRESS



CERTIFICATE OF DEATH

Registered No. 51 9848

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>William Driver</i>		2. DATE OF DEATH <i>Nov. 12, 1951</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Room B-2</i>		4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE <i>md</i> B. COUNTY <i>4-02</i>	
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
D. STREET ADDRESS (If rural, give location) <i>772 Sarah Ann St</i>			
E. Length of stay in Baltimore <i>Life</i>		Yrs. Mos. Days	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>12-20-06</i>
9. AGE (In years last birthday) <i>44</i>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Owner</i>	10B. KIND OF BUSINESS OR INDUSTRY <i>Produce</i>	11. BIRTHPLACE (State or foreign country) <i>md.</i>
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	13. FATHER'S NAME <i>Richard Driver</i>	14. MOTHER'S MAIDEN NAME <i>Carrie Driver</i>	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>No</i>
16. SOCIAL SECURITY NO.	17. INFORMANT <i>JOHNS HOPKINS HOSPITAL</i>	ADDRESS	

18. <i>600.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Uncontrollable Surgical Shock</i>	CAUSE OF DEATH (A) <i>Uncontrollable Surgical Shock</i> (B) <i>Incision & drainage of perinephric abscess</i> (C) <i>Infected pyelonephritis</i>	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>11-12-51</i>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *11-6-51* to *11-12-51*, that I last saw the deceased alive on *11-12-51*, and that death occurred at *11:45* a.m., from the causes and on the date stated above.

23A. SIGNATURE
William J. Hopkins

23B. ADDRESS
JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED
11-12-51

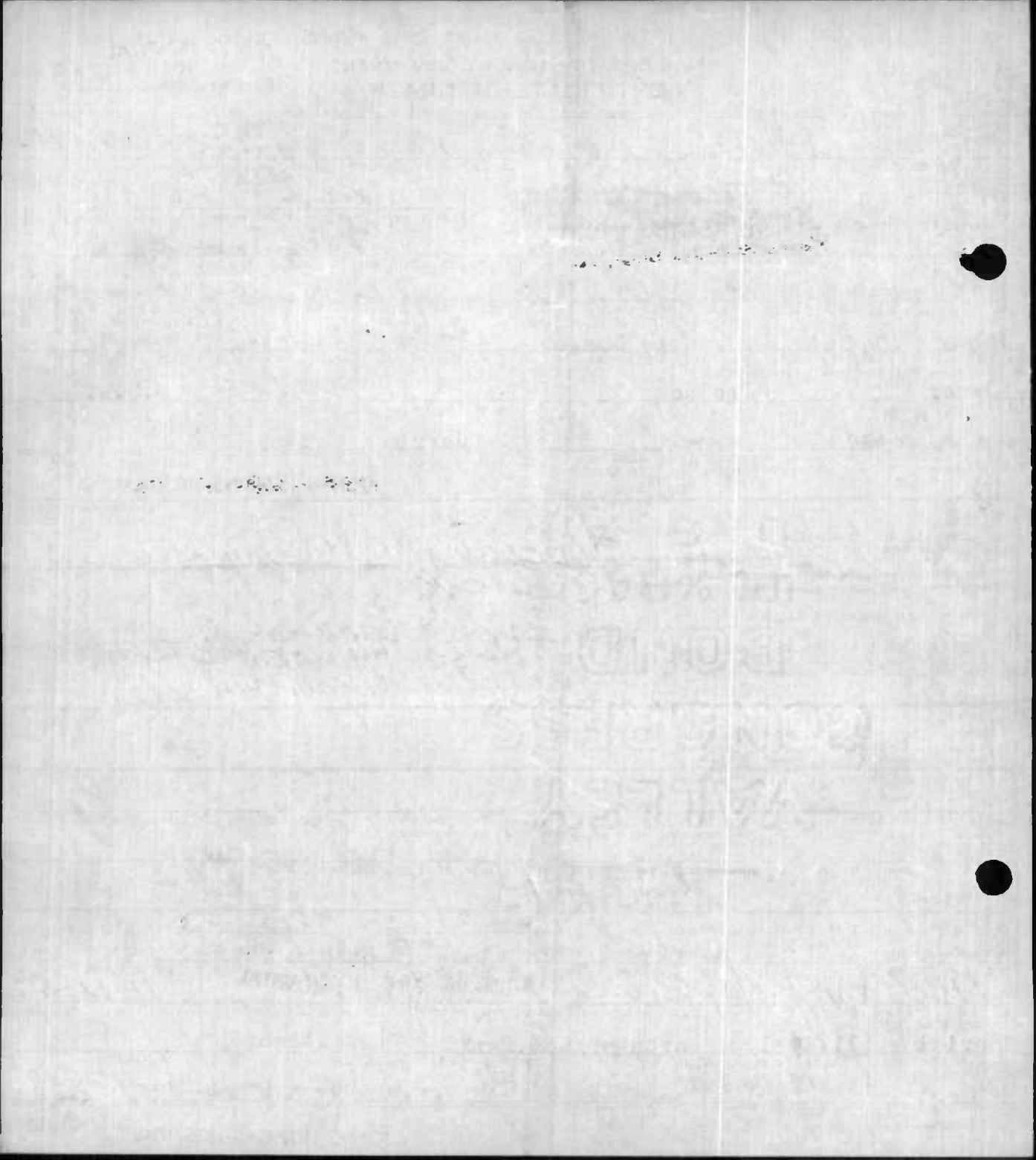
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>11/16/1951</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Arbutus Mem. Park</i>	24D. LOCATION (City, town, or county) (State) <i>Baltimore</i>
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DATE RECEIVED BY LOCAL REGISTRAR <i>NOV 15 1951</i>	REGISTRAR'S SIGNATURE <i>William J. Hopkins</i>	25. FUNERAL DIRECTOR <i>Chas. Wilson</i>	ADDRESS <i>1000 Blandly Ave</i>
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2906A

JOHNS HOPKINS HOSPITAL

132B

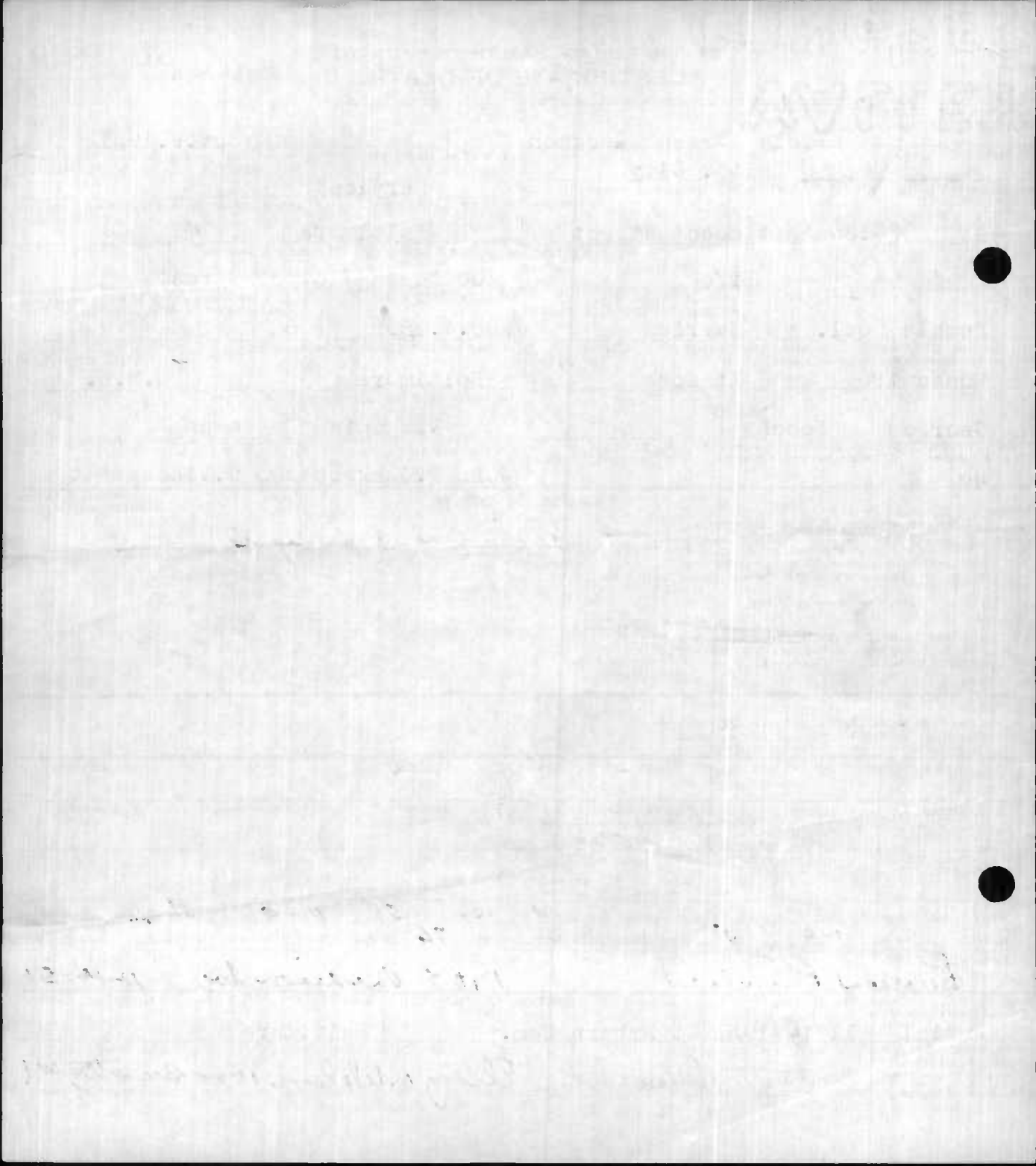


250
51 3849BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 9849

BIRTH NO.		1. NAME OF DECEASED (Type or Print) Viola Green Jackson		2. DATE OF DEATH Nov. 9, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. City		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION 300. South Vincent Street		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
C. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 300 South Vincent Street			
5. SEX Female	6. COLOR OR RACE Col.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 4, 1898	9. AGE (In years last birthday) 52	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (State or foreign country) Baltimore	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME George Beach			
14. MOTHER'S MAIDEN NAME Virginia Beach		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) No			
16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS John F. Jackson 300 S. Vincent St			
18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Carcinoma of Larynx (A) DUE TO ANTECEDENT CAUSES (B) DUE TO (C) DUE TO INTERVAL BETWEEN ONSET AND DEATH ?					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 9-10- , 19 51 , to 11-9 , 19 51 , that I last saw the deceased alive on 11-9 , 19 51 , and that death occurred at 7A m., from the causes and on the date stated above.					
23A. SIGNATURE Carroll R. Julian		23B. ADDRESS 1707 Madison Ave		23C. DATE SIGNED 11-14-51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 11/15/1951		24C. NAME OF CEMETERY OR CREMATORY Mt Arburn Cem.	
24D. LOCATION (City, town, or county) Baltimore		25. FUNERAL DIRECTOR ADDRESS Elroy O. Wilson 1000 Bunting way			
DATE RECEIVED BY LOCAL REGISTRAR NOV 15 1951		REGISTRAR'S SIGNATURE Wilmington Williams, Jr.			

MEDICAL CERTIFICATION



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

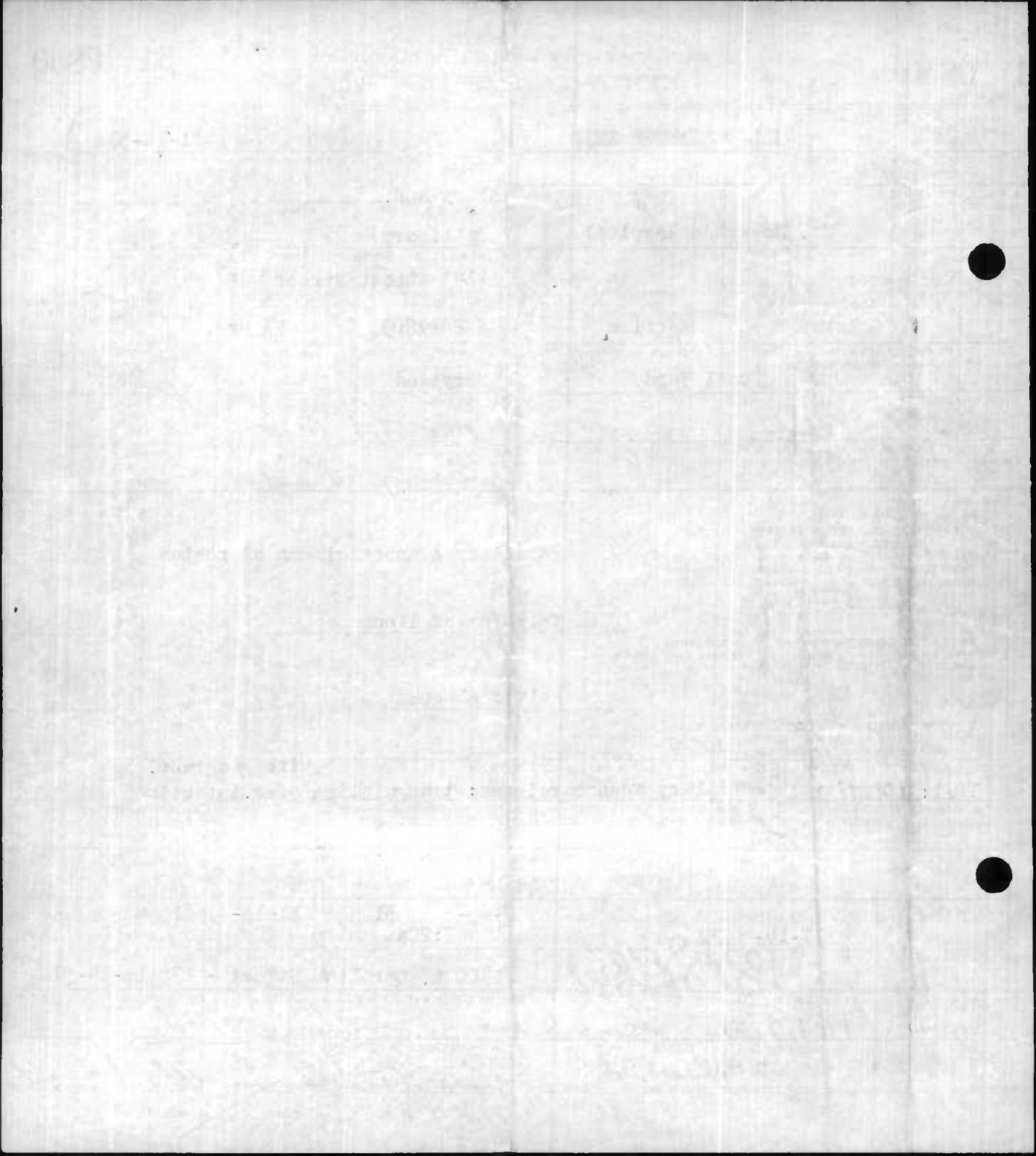
51 9850
Registered No. _____

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
WILLIS LEANDER REED		11-14-51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland.	
B. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore 35 yrs		D. STREET ADDRESS (If rural, give location) 1643 Abbott Street - 5	
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 8-24-1903
		9. AGE (In years last birthday) 48 yrs.	10. UNDER 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER		10B. KIND OF BUSINESS OR INDUSTRY Coal Yard.	11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME Daniel Reed	
14. MOTHER'S MAIDEN NAME Harriett Parks		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no	
16. SOCIAL SECURITY NO.		17. INFORMANT Gladys Reed.	

18. 154X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Papillary Adenocarcinoma of rectum DUE TO		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Volvulus of ileum DUE TO		
(C) Pelvic Abscess.		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 10/1: 10/27/51		19B. MAJOR FINDINGS OF OPERATION Papillary adenocarcinoma; strangulation of sm. intestine with gangrene.		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from 9-24-1951, to 11-14-1951, that I last saw the deceased alive on 11-14-1951 and that death occurred at 2:20am., from the causes and on the date stated above.				
23A. SIGNATURE B. B. St. John		23B. ADDRESS 1400 N. Caroline Street - 13		23C. DATE SIGNED 11-14-51

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Nov 19/51	24C. NAME OF CEMETERY OR CREMATORY Sharp & Co.	24D. LOCATION (City, town, or county) (State) Chase Md
DATE RECEIVED BY LOCAL REGISTRAR NOV 19 1951		REGISTRAR'S SIGNATURE J. H. Williams	25. FUNERAL DIRECTOR Miss R. A. Elliott
ADDRESS Daughter 9706T 1129 N. Caroline St - 46D			



200
1 9851

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 9851
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) MARGARET McKEW		2. DATE OF DEATH Nov 13 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY ✓			
B. FULL NAME OF HOSPITAL OR INSTITUTION 329 E. North Ave		C. CITY OR TOWN (If outside corporate limits, write R.U.R.A. and give township) Baltimore 12-05			
C. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 329 E. North Ave			
5. SEX F	6. COLOR OR RACE Wh	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Nov 2 1867		9. AGE (in years last birthday) 84
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY own home		11. BIRTHPLACE (State or foreign country) Balto. Md	
13. FATHER'S NAME John Easter		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. ✓		17. INFORMANT Mrs Wm F. Keller	
				ADDRESS Same	
18. 592x I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) cardio vascular disease hypertension DUE TO (B) Myocardial Infarction DUE TO (C) _____		INTERVAL BETWEEN ONSET AND DEATH 1 year 2 days			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Nov 10, 1951 to Nov 13, 1951 , that I last saw the deceased alive on Nov 13, 1951 and that death occurred at 2 p. m. , from the causes and on the date stated above.					
23A. SIGNATURE [Signature]		23B. ADDRESS 1202 S. Paul St		23C. DATE SIGNED Nov 14/51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Nov 16 1951		24C. NAME OF CEMETERY OR CREMATORY Druid Ridge	
24D. LOCATION (City, town, or county) (State) Pikesville Md.		25. FUNERAL DIRECTOR H. Kentins Sons Co 4905 York Rd			
DATE RECEIVED BY LOCAL REGISTRAR NOV 15 1951		REGISTRAR'S SIGNATURE [Signature]			

MEDICAL CERTIFICATION

Dr. Earl Roons
1202 St Paul St.

425
51 9852

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

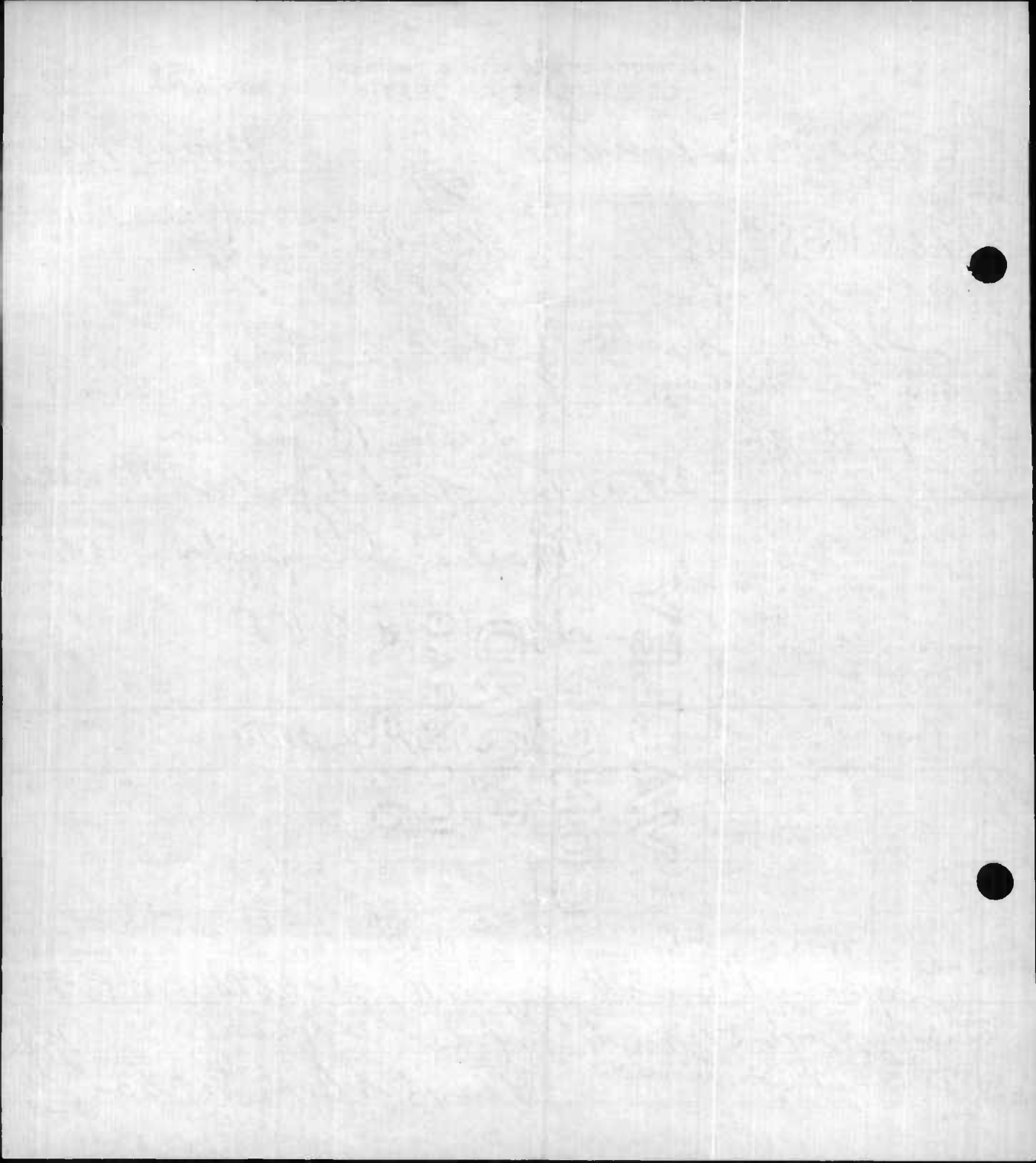
Registered No. 51 9852

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Carrie M Alexander</i>		2. DATE OF DEATH <i>Nov 13-1951</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <i>Md</i> B. COUNTY <i>13-07</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>1118 W 38th St</i>		C. CITY OR TOWN <i>Baltimore</i> <i>outside corporate limits, write RURAL and give township</i>	
C. Length of stay in Baltimore <i>Life</i> Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural give location) <i>1118 W 38th St</i>	
5. SEX <i>+</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widow</i>	8. DATE OF BIRTH <i>Feb 15- 59</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Machine operator</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Sewing factory</i>	
13. FATHER'S NAME <i>Harry Hughes</i>		14. MOTHER'S MAIDEN NAME <i>Mrs. Hester B Goulden</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>212-074657</i>	
17. INFORMANT <i>Mildred Justice</i>		ADDRESS <i>1118 W 38th St</i>	

18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Cardiac Decompensation</i>		INTERVAL BETWEEN ONSET AND DEATH <i>3 da.</i>
CAUSE OF DEATH (A) <i>Hypertensive C V D.</i>		
DUE TO		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Diabetes Mellitus</i>		

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>6-2</i> , 19 <i>50</i> , to <i>11-13</i> , 19 <i>51</i> , that I last saw the deceased alive on <i>11-13</i> , 19 <i>51</i> , and that death occurred at <i>12:30 PM</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Laurie J. Hume</i>		23B. ADDRESS <i>3711 Galt Ave</i>		23C. DATE SIGNED <i>11-13-51</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Nov 16-51</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Wards Chapel</i>	
24D. LOCATION (City, town, or county) (State) <i>Eldersburg Md</i>		24E. FUNERAL DIRECTOR <i>Frank H. Seitz</i>			
DATE RECEIVED BY LOCAL REGISTRAR <i>NOV 15 1951</i>		REGISTRAR'S SIGNATURE <i>William H. Williams</i>		ADDRESS <i>814 W 36th St</i>	

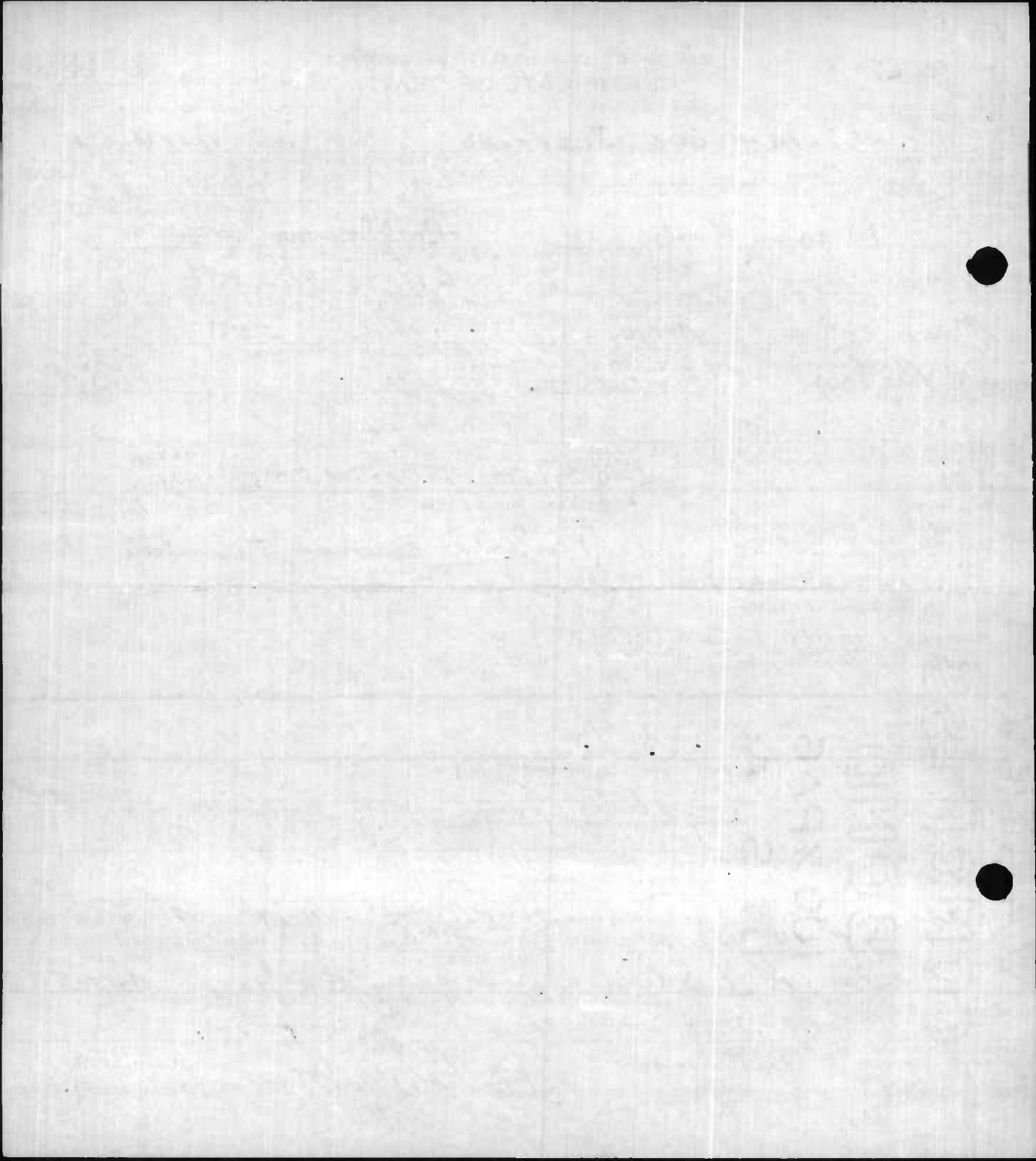


315
51 9853BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

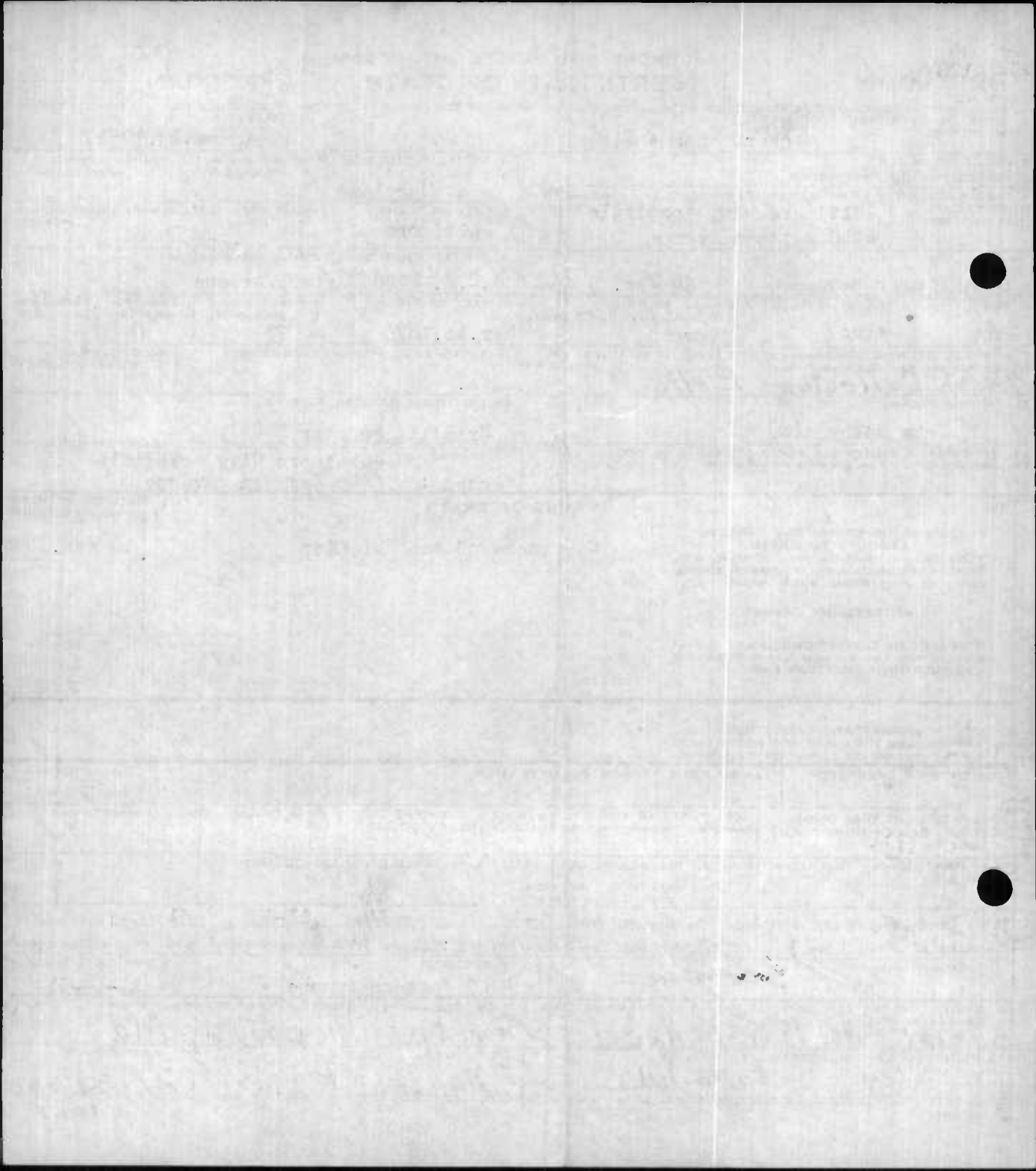
Registered No. 51 9853

1. NAME OF DECEASED (Type or Print) <i>Dr. William Lee Judefind</i>		2. DATE OF DEATH <i>11-14-51</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>md.</i> B. COUNTY <i>Baltimore</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Mary Hosp.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore Wiltondale</i>	
c. Length of stay in Baltimore <i>Life</i>		D. STREET ADDRESS (If rural, give location) <i>611 Wilton Rd. 5300</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Oct. 6, 1896</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Asst. to Vice Pres.</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Chemical Corp.</i>	9. AGE (in years last birthday) <i>55 Yrs</i>
13. FATHER'S NAME <i>William B. Judefind</i>		11. BIRTHPLACE (State or foreign country) <i>Baltimore, Md.</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>No</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
16. SOCIAL SECURITY NO. <i>215-10-5755</i>		14. MOTHER'S MAIDEN NAME <i>Mary Todd</i>	
17. INFORMANT <i>Mrs. Wm. Lee Judefind</i>		ADDRESS <i>611 Wilton Road Wiltondale</i>	
18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Probable coronary Thrombosis ?</i> DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>11-14</i> , 1951, to <i>11-14</i> , 1951, that I last saw the deceased alive on <i>11-14</i> , 1951, and that death occurred at <i>9:40 A.m.</i> , from the causes and on the date stated above.			
23A. SIGNATURE <i>Wm. H. H. Shea</i> M. D.		23B. ADDRESS <i>Mary Hosp.</i>	
23C. DATE SIGNED <i>11-14-51</i>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Nov. 16, 1951</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>Lorraine Cemetery</i>		24D. LOCATION (City, town, or county) (State) <i>Woodlawn, Md.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>NOV 15 1951</i>		REGISTRAR'S SIGNATURE <i>Dr. E. R. Jarrett</i>	
FUNERAL DIRECTOR <i>Thos. Amoroso</i>		ADDRESS <i>4510 Liberty Heights Ave.</i>	

MEDICAL CERTIFICATION



210 MD-20128 9854		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		51 9854 Registered No. _____	
BIRTH NO. _____		1. NAME OF DECEASED (Type or Print) Robert Thomas Risby		2. DATE OF DEATH Nov. 13, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY _____			
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Avenue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 26-12			
C. Length of stay in Baltimore 54 Yrs.		D. STREET ADDRESS (If rural, give location) B.C.H. 4940 Eastern Avenue			
5. SEX Male	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH Mar. 16, 1876	9. AGE (In years last birthday) 75	10. Under 1 Year Months: _____ Days: _____ 11. Under 24 Hours Hours: _____ Min: _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TRASH Collector		10B. KIND OF BUSINESS OR INDUSTRY BALTO. CITY		11. BIRTHPLACE (State or foreign country) Va.	
12. CITIZEN OF WHAT COUNTRY? _____		13. FATHER'S NAME Jake Risby (D)			
14. MOTHER'S MAIDEN NAME Prisilla Hudgins (D)		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) _____			
16. SOCIAL SECURITY NO. _____		17. INFORMANT Baltimore City Hospitals Records: 4940 Eastern Avenue			
18. 181X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Carcinoma of the bladder (A) _____ DUE TO _____ ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) _____ DUE TO _____ (C) _____					INTERVAL BETWEEN ONSET AND DEATH 1 1/2 Yrs.
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. _____					
19A. DATE OF OPERATION 2		19B. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____	
21D. TIME (Month) (Day) (Year) (Hour) INJURY _____		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from 1-7 , 19 37 , to 11-13 , 19 51 , that I last saw the deceased alive on 11-13 , 19 51 , and that death occurred at 2:30 a. m. , from the causes and on the date stated above.					
23A. SIGNATURE [Signature]		23B. ADDRESS 4940 Eastern Avenue		23C. DATE SIGNED 11-14-51	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE Nov. 18, 1951		24C. NAME OF CEMETERY OR CREMATORY Arbutus Mem. Park	
24D. LOCATION (City, town, or county) Arbutus, Md.		24E. LOCATION (State) _____		24F. DATE RECEIVED BY LOCAL REGISTRAR NOV 15 1951	
24G. REGISTRAR'S SIGNATURE [Signature]		24H. FUNERAL DIRECTOR Charles R. Law		24I. ADDRESS 802 Madison Ave-1	

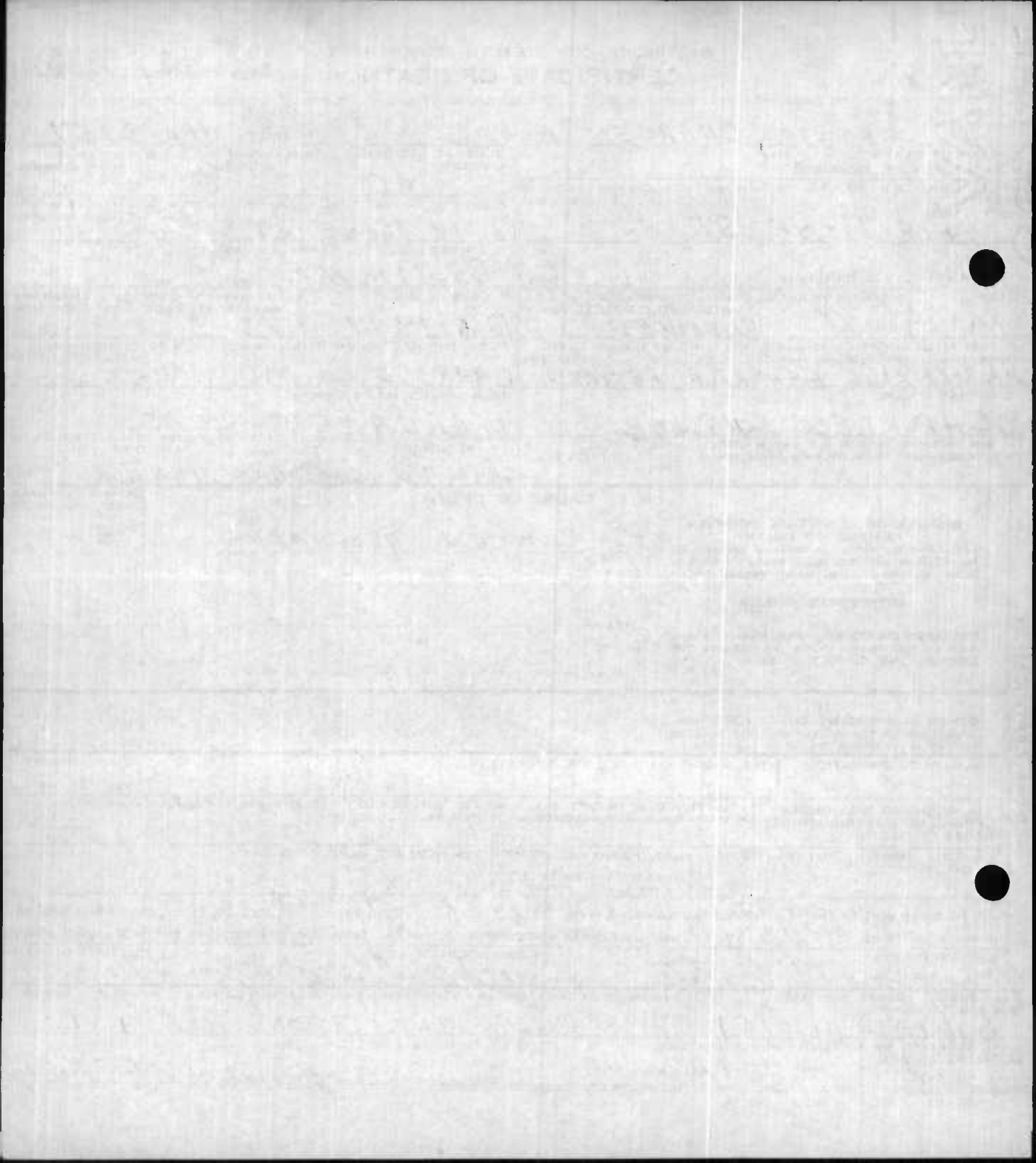


4-60
1 9855
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 9855

1. NAME OF DECEASED (Type or Print) SCHELLER, CHARLES F.			2. DATE OF DEATH 11/13/51		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE MD. B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) 3418 TOONE ST.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) 3418 TOONE ST. 26-09		
D. STREET ADDRESS (If rural, give location) BALTIMORE, MD.			E. Length of stay in Baltimore Yrs. Mos. Days		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH 12/5/1877	9. AGE (In years last birthday) 73	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CAR REPAIRING PENNAR.R. RETIRED			10B. KIND OF BUSINESS OR INDUSTRY		
11. BIRTHPLACE (State or foreign country) CARROLL CO. MD.			12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME CHARLES SCHELLER			14. MOTHER'S MAIDEN NAME MARGARET GLASS		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) NO			16. SOCIAL SECURITY NO.		
17. INFORMANT CHARLES E. SCHELLER 719 N. CORLEY ST			ADDRESS		
18. 150X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CANCER OSOPHALUS DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONITION CAUSING IT.			CAUSE OF DEATH CANCER OSOPHALUS INTERVAL BETWEEN ONSET AND DEATH 6 mos.		
19A. DATE OF OPERATION			19B. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH			21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			21D. TIME (Month) (Day) (Year) (Hour) INJURY		
21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK AT WORK			21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from Aug. 28, 1951 to Nov. 13, 1951 , that I last saw the deceased alive on Nov. 13, 1951 and that death occurred at 7:25 A.M. , from the causes and on the date stated above.					
23A. SIGNATURE Benjamin Shilstein			23B. ADDRESS 121 S. Highland Ave.		23C. DATE SIGNED 11/13/51
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL			24B. DATE 11/16/51		
24C. NAME OF CEMETERY OR CREMATORY TAYLORSVILLE CEMT.			24D. LOCATION (City, town, or county) (State) TAYLORSVILLE, MD.		
DATE RECEIVED BY LOCAL REGISTRAR NOV 15 1951			REGISTRAR'S SIGNATURE Clarence F. Hoffmann		
25. FUNERAL DIRECTOR Clarence F. Hoffmann			ADDRESS 1639 Broadway		

MEDICAL CERTIFICATION

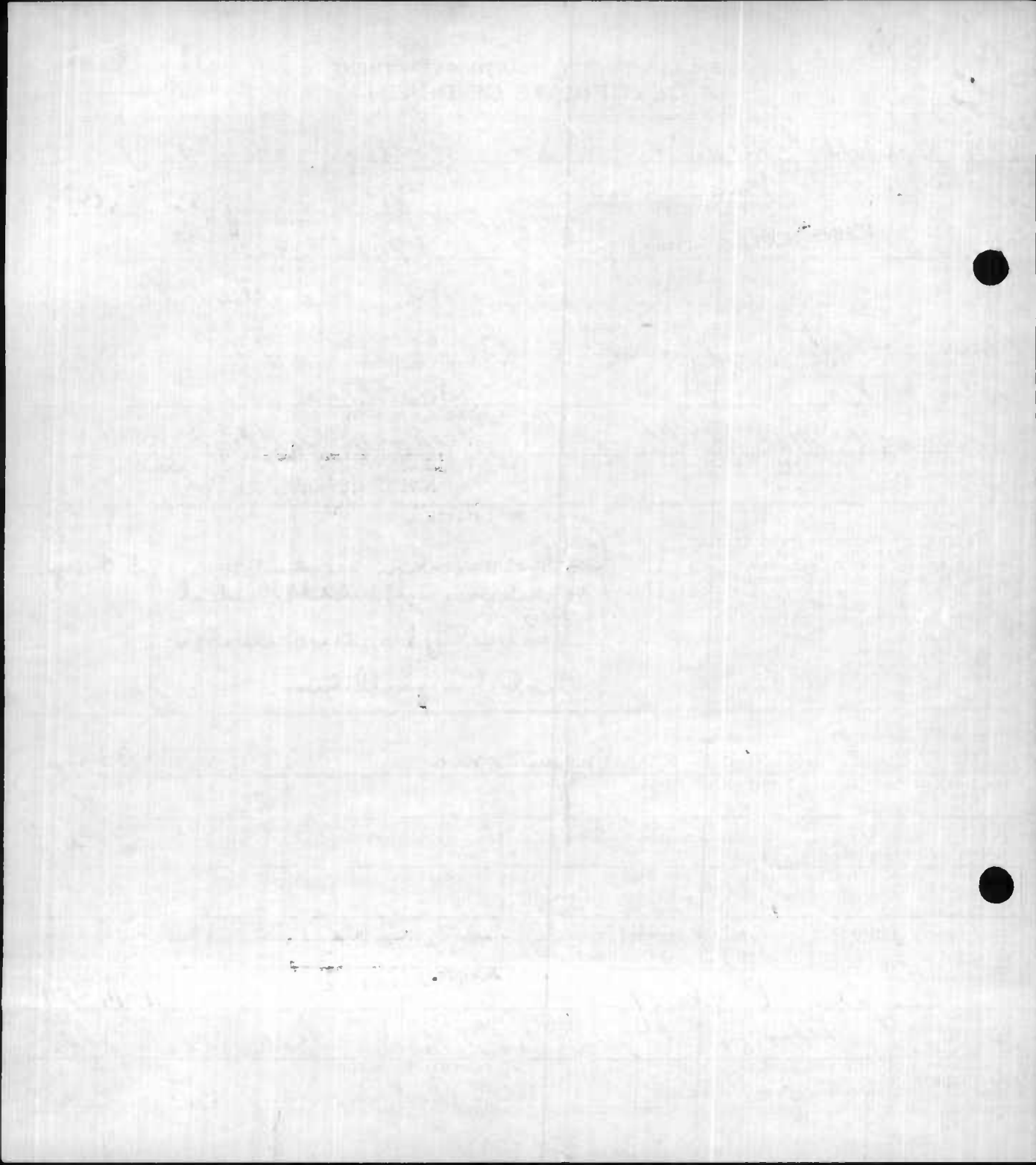


54
51 9856BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 9856
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) <i>Archibald) Archie Mac Millan</i>			2. DATE OF DEATH <i>Nov. 14, 1951</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Med Cal 6</i>			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>md</i> B. COUNTY <i>10-06</i>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>		
C. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) <i>1121 Mc Sher Ct.</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>12-4-77</i>	9. AGE (In years last birthday) <i>73</i>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Boiler Maker</i>			10B. KIND OF BUSINESS OR INDUSTRY		
13. FATHER'S NAME <i>Donald Mac Millan</i> (M)			14. MOTHER'S MAIDEN NAME <i>Mary Gillies</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <i>No</i>			16. SOCIAL SECURITY NO.		
17. INFORMANT <i>JOHNS HOPKINS HOSPITAL</i>			ADDRESS		

18. <i>260X I</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			CAUSE OF DEATH (A) <i>Cerebrovascular accident -</i> DUE TO <i>thrombosis right middle cerebral artery</i> (B) <i>generalized arteriosclerosis</i> DUE TO <i>diabetes mellitus</i> (C) _____			INTERVAL BETWEEN ONSET AND DEATH <i>5 days</i>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>Pneumonia</i>						<i>3 days</i>
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <i>11-10-</i> , 19 <i>51</i> to <i>11-14-</i> , 19 <i>51</i> , that I last saw the deceased alive on <i>11-14-</i> , 19 <i>51</i> , and that death occurred at <i>1:55</i> p. m., from the causes and on the date stated above.						
23A. SIGNATURE <i>Leighton E. Cluff</i> M. D.				23B. <i>JOHNS HOPKINS HOSPITAL</i>		23C. DATE SIGNED <i>11-14-51</i>
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE <i>11/17/51</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Moreland Park</i>		24D. LOCATION (City, town, or county) <i>Parkville Md.</i>		
DATE RECEIVED BY LOCAL REGISTRAR <i>11-15-1951</i>		REGISTRAR'S SIGNATURE <i>Washington Williams, Jr.</i>		25. FUNERAL DIRECTOR <i>Wm. Cook Inc</i>		ADDRESS <i>1217 St. Paul St.</i>



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. _____

BIRTH NO. _____

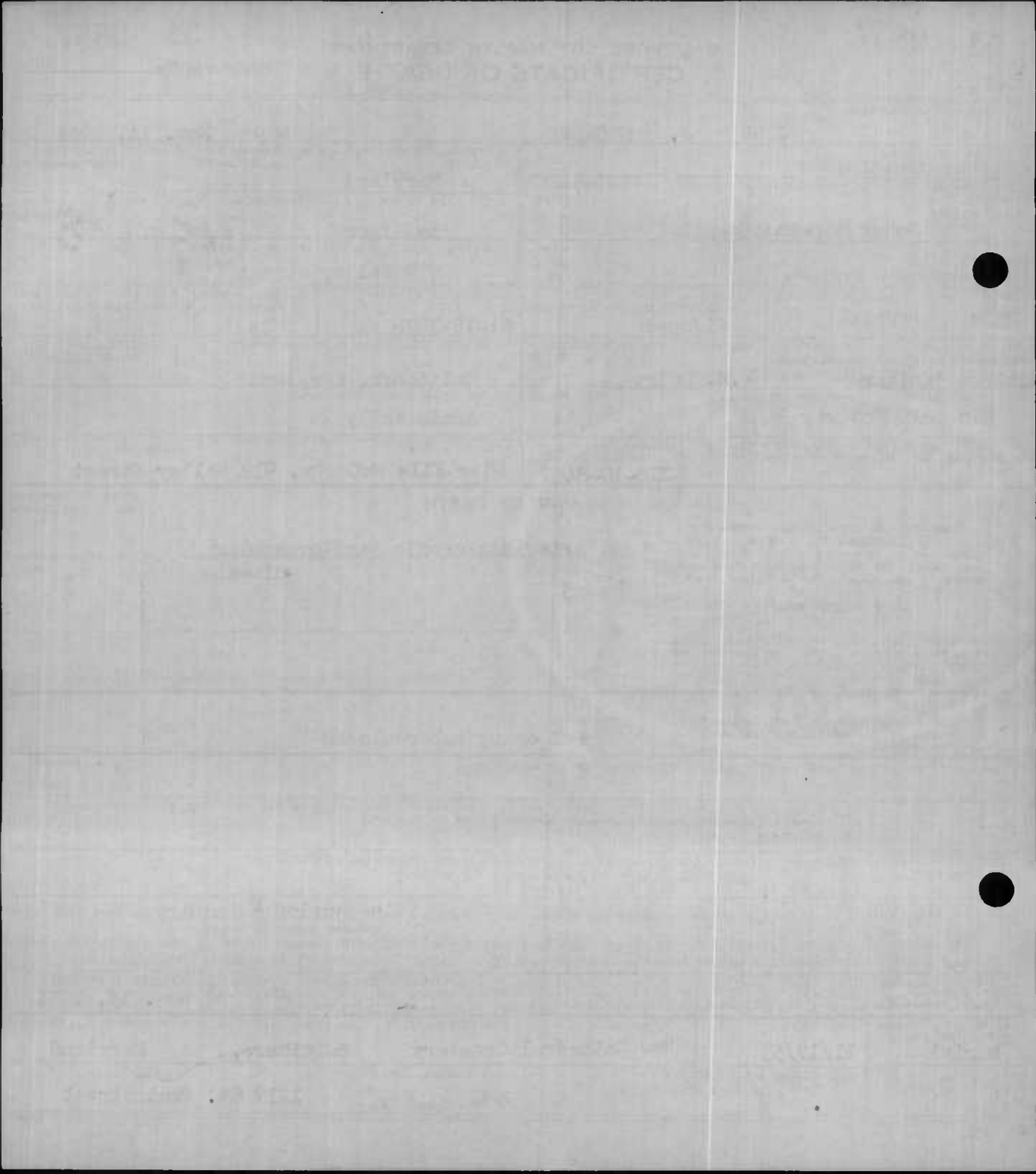
1. NAME OF DECEASED (Type or Print) JOHN J. MCCARTY			2. DATE OF DEATH Nov. 14, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY _____		
B. FULL NAME OF (If not in hospital or institution, give street address or location) Johns Hopkins Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) 919 Valley Street		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 1-18-1876		9. AGE (In years last birthday) 75
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired janitor		10B. KIND OF BUSINESS OR INDUSTRY W.M. Dairy	11. BIRTHPLACE (State or foreign country) Baltimore, Maryland		12. CITIZEN OF WHAT COUNTRY? <input checked="" type="checkbox"/> U.S.
13. FATHER'S NAME Michael McCarty			14. MOTHER'S MAIDEN NAME Annie Kelly		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 216-10-8457	17. INFORMANT ADDRESS Miss Ella McCarty, 919 Valley Street		

18. 422.1 and 002X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic cardiovascular disease DUE TO _____		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Pulmonary tuberculosis DUE TO _____		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?		

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE <i>Stanley K. Dineen</i> M.D.		23B. CHIEF MEDICAL EXAMINER... <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER... <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR... <input type="checkbox"/>		23C. DATE SIGNED Nov. 15, 1951
24A. BURIAL, CREMATION, REMOVAL (Specify) burial	24B. DATE 11/17/51	24C. NAME OF CEMETERY OR CREMATORY New Cathedral Cemetery	24D. LOCATION (City, town, or county) (State) Baltimore, Maryland	
DATE RECEIVED BY LOCAL REGISTRAR NOV 15 1951		25. FUNERAL DIRECTOR Wm. Cook, Inc.		ADDRESS 1217 St. Paul Street



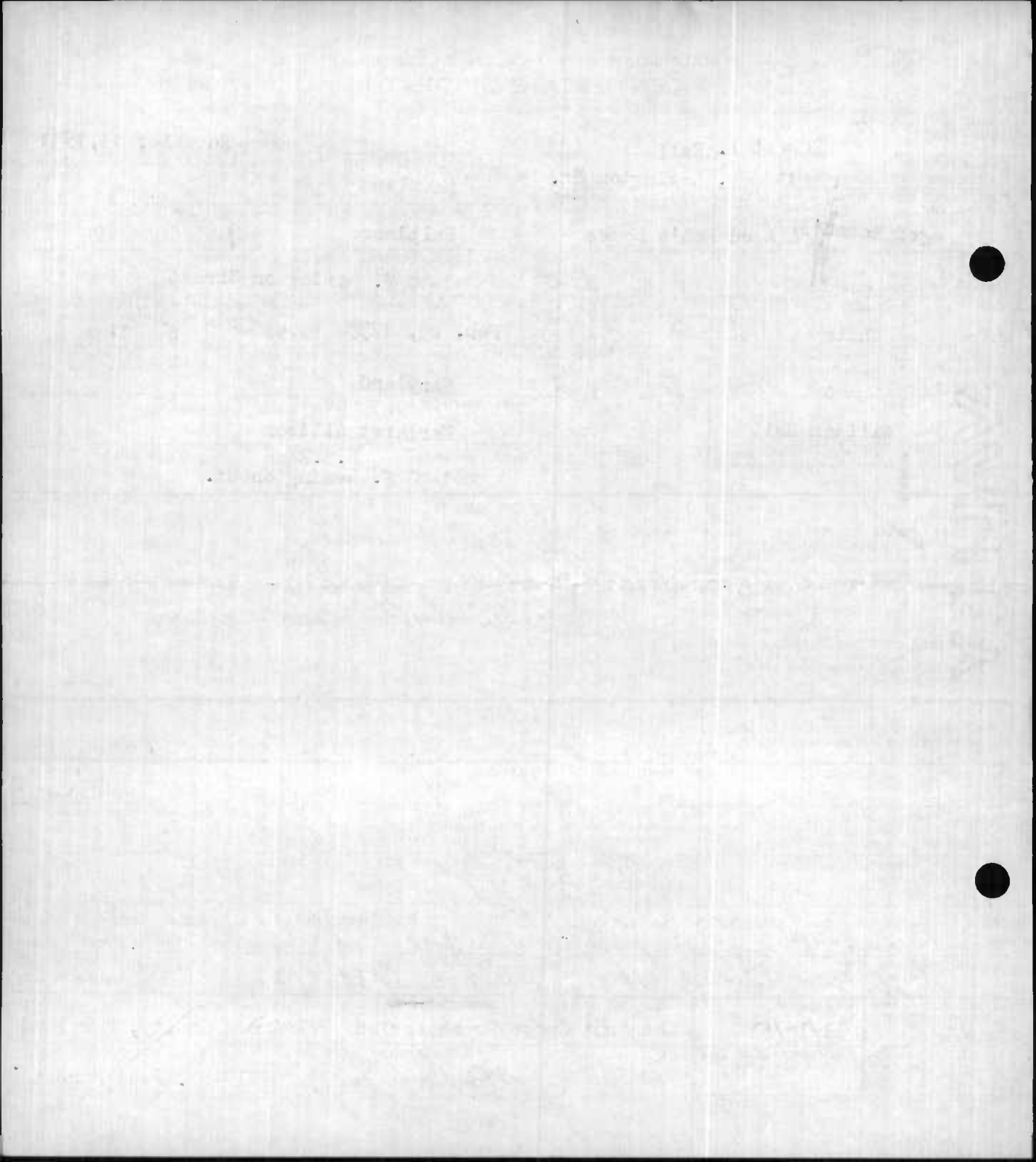
400
51 9858

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 9858
Registered No. _____

1. NAME OF DECEASED (Type or Print) Robert A. Hall		2. DATE OF DEATH November 13, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland 1400 W. Lexington St.		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY _____	
B. FULL NAME OF (If not in hospital or institution, give street address or location) Aged Women's & Aged Men's Homes		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
C. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) 1400 W. Lexington Street	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Feb. 25, 1855
9. AGE (in years last birthday) 96		10. CITIZEN OF WHAT COUNTRY? 19-02	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Inmate		11. BIRTHPLACE (State or foreign country) Maryland	
10B. KIND OF BUSINESS OR INDUSTRY Home for Aged		12. CITIZEN OF WHAT COUNTRY? _____	
13. FATHER'S NAME William Hall		14. MOTHER'S MAIDEN NAME Margaret Allison	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) Yes, no or unknown		16. SOCIAL SECURITY NO. _____	
17. INFORMANT L.H. Read		ADDRESS 1400 W. Lexington St.	
18. 33 / X 1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Central Hemorrhage DUE TO Arteriosclerotic Vascular Disease DUE TO INTERVAL BETWEEN ONSET AND DEATH 24 hrs			
19. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____		21D. TIME (Month) (Day) (Year) (Hour) INJURY _____	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from Jan 13 , 19 50 , to Jan 13 , 19 51 , that I last saw the deceased alive on Jan 12 , 19 51 , and that death occurred at 11:30 p.m., from the causes and on the date stated above.			
23A. SIGNATURE McDonald Edward Day M.D.		23B. ADDRESS 4-E-33rd St 18	
23C. DATE SIGNED November 10, 1951			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 11/16/51	
24C. NAME OF CEMETERY Chestnut Grove Presbyterian		24D. LOCATION (City, town, or county) (State) Baltimore County, Maryland	
DATE RECEIVED BY LOCAL REGISTRAR 11/15/51		REGISTRAR'S SIGNATURE William Williams, Jr.	
25. FUNERAL DIRECTOR Stm. Cook, Inc.		ADDRESS 1217 St. Paul Street	

83a



251 9859

51 9859

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

ANTHONY J. MIKULSKI

2. DATE
OF
DEATH

Nov. 14, 1951

3. PLACE OF DEATH:

a. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

Maryland

b. FULL NAME OF (If not in hospital or institution, give street address or
location)

Union Memorial Hospital

c. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

c. Month of stay in Baltimore

Yrs.
Mos.
Days

d. STREET ADDRESS (If rural, give location)

454 E. Lorraine Avenue

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Nov. 1, 1887

9. AGE (In years
last birthday)

64

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10a. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Night Watchman

10b. KIND OF BUSINESS OR
INDUSTRY

Welsh Const. Co.

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Carroll Mikulski

14. MOTHER'S MAIDEN NAME

Anna

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

yes

W. W. I

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Frances Mikulski, 454 E. Lorraine Ave.

18. 422 1 1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Arteriosclerotic cardiovascular

DUE TO

disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒NO ☐21a. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21b. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21e. INJURY OCCURRED

m.

WHILE AT ☐NOT WHILE ☐WORK ☐AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23a. SIGNATURE

23b. CHIEF MEDICAL EXAMINER ☐ASSISTANT MEDICAL EXAMINER ☒MEDICAL INVESTIGATOR ☐

23c. DATE SIGNED

Nov. 15, 1951

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

burial

24b. DATE

11/19/51

24c. NAME OF CEMETERY OR CREMATORY

Lorraine Park Cemetery

24d. LOCATION (City, town, or county) (State)

Woodlawn, Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Washington Williams, Jr.

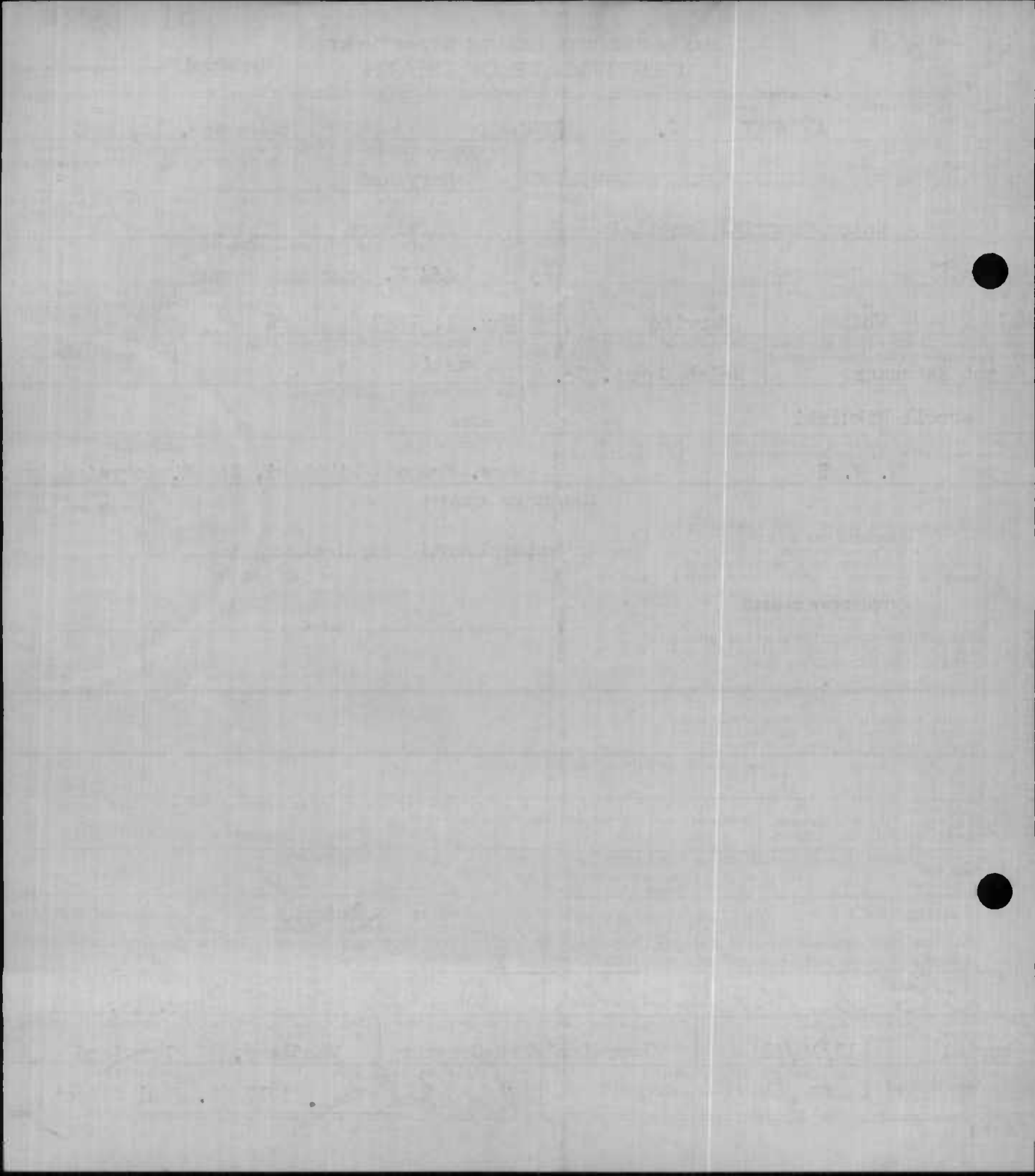
25. FUNERAL DIRECTOR

Wm. Cook, Inc. 1217 St. Paul Street

VS 151

763 24

93D



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **51 9860**

BIRTH NO. 54 9860		1. NAME OF DECEASED (Type or Print) THOMAS JAMES MC NULTY		2. DATE OF DEATH November 13, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
C. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 1251 Bentalou Street			
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) single		8. DATE OF BIRTH Dec. 13, 1897	9. AGE (In years last birthday) 53 If Under 1 Year Months Days If Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) elevator operator		10B. KIND OF BUSINESS OR INDUSTRY Office Bldg.		11. BIRTHPLACE (State or foreign country) Maryland	
13. FATHER'S NAME James McNulty		14. MOTHER'S MAIDEN NAME Eliz. Lynch			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) yes (If yes, give war or dates of service) World War II		16. SOCIAL SECURITY NO. 214-26-1595		17. INFORMANT ADDRESS Mrs. Wm. Meyers-1251 Bentalou St.	

<p>18. F871.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)</p> <p align="center">ANTECEDENT CAUSES</p> <p>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.</p> <p align="center">II</p> <p>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.</p>	<p align="center">CAUSE OF DEATH</p> <p>(A) Barbiturate intoxication</p> <p align="center">DUE TO</p> <p>(B)</p> <p align="center">DUE TO</p> <p>(C)</p>	<p>INTERVAL BETWEEN ONSET AND DEATH</p>

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Home	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 506 N. Loudon Avenue		
21D. TIME (Month) (Day) (Year) (Hour) Nov. 13, 1951 2:30P.	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? Ingestion of barbiturate		
22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input checked="" type="checkbox"/> .				
23A. SIGNATURE <i>William J. Tichener</i>	23B. CHIEF MEDICAL EXAMINER..... <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR..... <input type="checkbox"/>		23C. DATE SIGNED Nov. 14, 1951	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 11/16/51	24C. NAME OF CEMETERY OR CREMATORY Balto. National Cem.	24D. LOCATION (City, town, or county) (State) Balto., Md.	

DATE RECEIVED BY: **REGISTRAR'S SIGNATURE** LOCAL REGISTRAR: *William J. Tichener*

25. FUNERAL DIRECTOR ADDRESS
Wm. J. Tichener & Sons
76174 1799 Baltimore, Md.

VS 151 **N-971.0**

Mr. J. P. Thompson
Bates, Mass.

400
51 9861BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

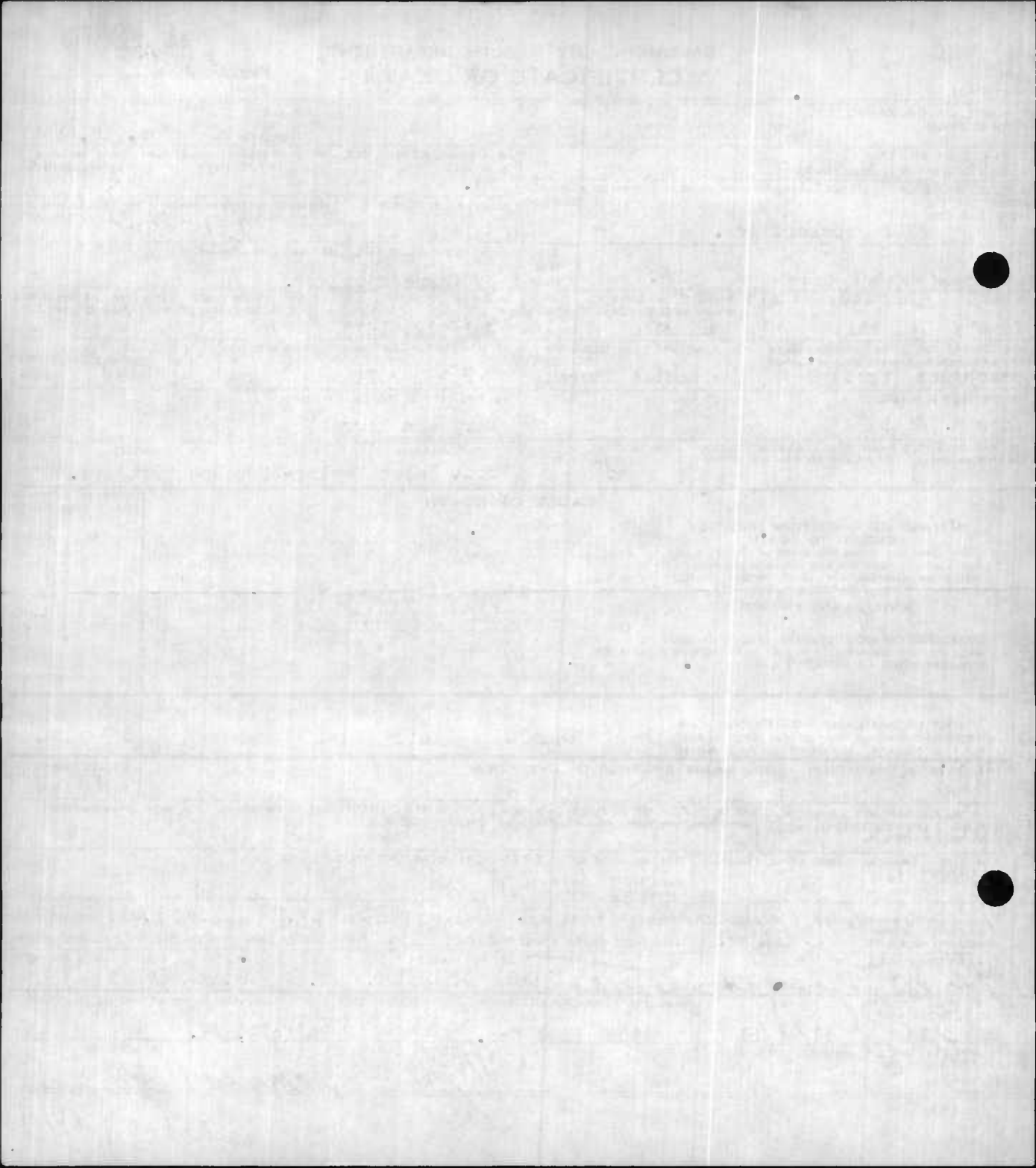
51 9861

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) FLORENCE HILL		2. DATE OF DEATH Nov. 15, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland 3205 Reuckert Ave. B. FULL NAME OF HOSPITAL OR INSTITUTION 3205 Reuckert Ave.		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY 27-03 C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore D. STREET ADDRESS (If rural, give location) 3205 Reuckert Ave.	
5. SEX female		6. COLOR OR RACE white	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH July 12, 1873	
9. AGE (In years last birthday) 78		10. BIRTHPLACE (State or foreign country) North Carolina	
11. CITIZEN OF WHAT COUNTRY?		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME John R. Hill		14. MOTHER'S MAIDEN NAME Mary Ann Harrell	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. no	
17. INFORMANT Mrs. Helen Taylor-3205 Rueckert Ave.		ADDRESS	
18. 331X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral Hemorrhage DUE TO Arteriosclerosis DUE TO Chronic Gastritis			
INTERVAL BETWEEN ONSET AND DEATH 2 days unknown 19 yrs.			
19. DATE OF OPERATION 0 19B. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) INJURY	
21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Nov. 7th, 1951 to Nov. 15th, 1951 that I last saw the deceased alive on Nov. 14th, 1951 and that death occurred at 2:15 A.M. , from the causes and on the date stated above.			
23A. SIGNATURE Geo. W. Morgan		23B. ADDRESS 401 E. 25th. St. Balto. Md.	
23C. DATE SIGNED 11/15/51		24. BURIAL, CREMATION, REMOVAL (Specify) Removal	
24B. DATE 11/15/51		24C. NAME OF CEMETERY OR CREMATORY Cedar Hill Cem.	
24D. LOCATION (City, town, or county) (State) Suffolk, Va.		25. FUNERAL DIRECTOR Wm. J. Dickner & Sons	
DATE RECEIVED BY LOCAL REGISTRAR 11/15/51		REGISTRAR'S SIGNATURE Wm. J. Dickner	

83a Balto. 17, Md.



600
51 9862

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 9862
Registered No.

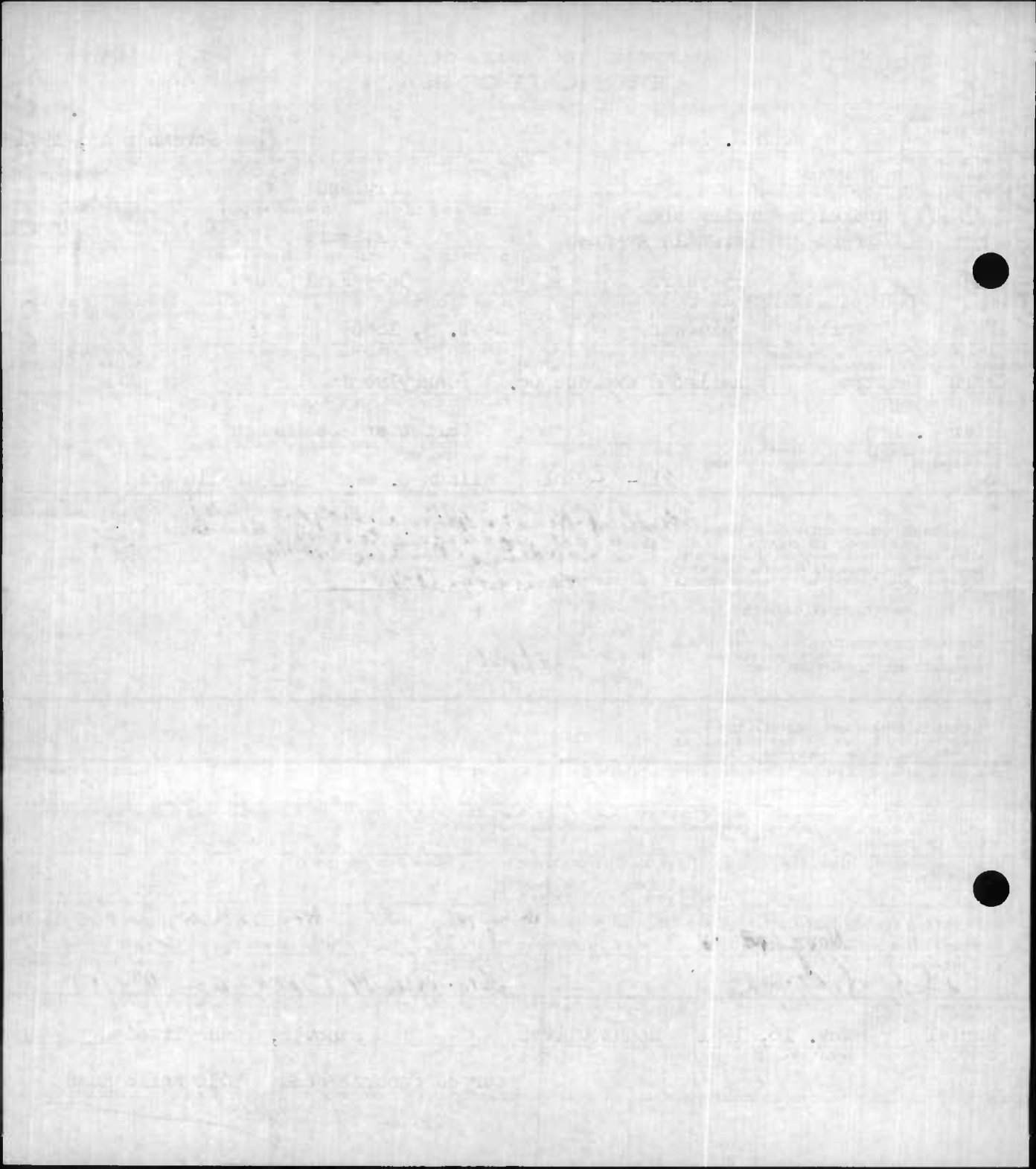
1. NAME OF DECEASED (Type or Print) Moore, Miss Rosa A.		2. DATE OF DEATH Nov. 13, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore, Md.		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland. B. COUNTY Baltimore	
B. FULL NAME OF HOSPITAL OR INSTITUTION Home for Incubables - 700 W. 40th ST.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
C. Length of stay in Baltimore 47 yrs.		D. STREET ADDRESS (If rural, give location) -	
5. SEX F.	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Aug. 4, 1865
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PRACTICAL NURSE		10B. KIND OF BUSINESS OR INDUSTRY none	9. AGE (in years last birthday) 86 yrs. If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.
11. BIRTHPLACE (State or foreign country) HARford Co., Md.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME PATRICK Henry Moore		14. MOTHER'S MAIDEN NAME Mary Wallace	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. -	
17. INFORMANT S.E. Ross. Home for Incubables		ADDRESS -	
18. 443 X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) arteriosclerosis (Generalized) DUE TO Hypertensive Cardio Vascular Disease DUE TO Interal Insufficiency (Ischemic) DUE TO -		INTERVAL BETWEEN ONSET AND DEATH 7 years 10 years ? 2 yrs +	
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. -		OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. None	
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION -	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) -	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) -		21D. HOW DID INJURY OCCUR? -	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? -	
22. I hereby certify that I attended the deceased from Oct 17 , 19 49 , to November 13 , 19 51 , that I last saw the deceased alive on Nov. 13 , 19 51 , and that death occurred at 12 40 a.m., from the causes and on the date stated above.			
23A. SIGNATURE W. Grafton Hershey		23B. ADDRESS 214 Medical Arts Building	
23C. DATE SIGNED 11/13/51			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 11/15/51	
24C. NAME OF CEMETERY OR CREMATORY Woodlawn Cem.		24D. LOCATION (City, town, or county) (State) Woodlawn, Md.	
25. REGISTRAR'S SIGNATURE Wm. J. Williams		26. FUNERAL DIRECTOR Wm. J. Lickner & Sons - Balto.	
27. ADDRESS 92 B Md.			

MEDICAL CERTIFICATION

Chas. F. Peterson
1888

<div style="display: flex; justify-content: space-between;"> 51 9863 BALTIMORE CITY HEALTH DEPARTMENT </div> <div style="display: flex; justify-content: space-between;"> 51 9863 CERTIFICATE OF DEATH </div>		Registered No. _____	
BIRTH NO. _____			
1. NAME OF DECEASED (Type or Print) CLARA E. STARKEY		2. DATE OF DEATH Nov. 13, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or location) Tuscany Apts. 221 Stoney Run Lane		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY _____ C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore D. STREET ADDRESS (If rural, give location) 221 Stoney Run Lane	
5. SEX female 6. COLOR OR RACE white 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH Aug. 1, 1877 9. AGE (In years last birthday) 74 If Under 1 Year: Months _____ Days _____ If Under 24 Hours: Hours _____ Min. _____	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife 10B. KIND OF BUSINESS OR INDUSTRY at home		11. BIRTHPLACE (State or foreign country) Maryland 12. CITIZEN OF WHAT COUNTRY? _____	
13. FATHER'S NAME Giles O'Brien		14. MOTHER'S MAIDEN NAME Emma Sandler	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) -		16. SOCIAL SECURITY NO. -	
17. INFORMANT Mrs. W. Stuart Polk-221 Stoney Run Lane		ADDRESS Balto. 10	
18. 581.0 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		CAUSE OF DEATH (A) Corbosis of liver DUE TO Vascular Disease (B) Arteriosclerotic Condition DUE TO _____ (C) _____	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH 5 yrs 1 yr.	
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) (Minute) (Second) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from October 27, 1946 , to November 13, 1951 , that I last saw the deceased alive on 11-12 , 19 51 , and that death occurred at 7:20 m., from the causes and on the date stated above.			
23A. SIGNATURE P. H. Flynn		23B. ADDRESS 11 E. Chase St.	
23C. DATE SIGNED 11/15/51			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 10/16/51	
24C. NAME OF CEMETERY OR CREMATORY Green Mount Maus.		24D. LOCATION (City, town, or county) (State) Balto., Md.	
DATE RECEIVED BY LOCAL REGISTRAR NOV 15 1951		REGISTRAR'S SIGNATURE Washington Williams	
25. FUNERAL DIRECTOR Wm. J. Tickner & Sons		ADDRESS 124 B Balto Md.	

Wm. J. Steiner & Sons
Route 1111



516
51 9865BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 9865

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) WALTER PRICE AMBROSE		2. DATE OF DEATH Nov. 14, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY _____	
B. FULL NAME OF (If not in hospital or institution, give street address or hospital or institution location) U.S. Public Health Service Hospital Wyman Pk. Drive & 31st St.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 13-07	
D. STREET ADDRESS (If rural, give location) 3849 Roland Avenue			
5. SEX M 6. COLOR OR RACE W 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Wid.		8. DATE OF BIRTH 8/16/88	
9. AGE (In years last birthday) 63		10. CITIZEN OF WHAT COUNTRY? USA	
11. BIRTHPLACE (State or foreign country) Md.		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME William P. Ambrose		14. MOTHER'S MAIDEN NAME Phoebe Cox	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) Yes WWI - USA		16. SOCIAL SECURITY NO. 216-18-9736	
17. INFORMANT Records- US PHS HOSPITAL, BALTO, MD.		ADDRESS _____	

18. 162x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Carcinoma of the left lung with spread to mediastinum, heart and adrenals.		INTERVAL BETWEEN ONSET AND DEATH Unknown
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) _____ (C) _____		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 2		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDER LYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (a.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from Nov. 7 , 19 51 , to Nov. 14 , 19 51 , that I last saw the deceased alive on Nov. 14 , 19 51 , and that death occurred at 2:10 A.M. , from the causes and on the date stated above.				
23A. SIGNATURE R. Raymond Green, Jr. Surgeon		23B. ADDRESS US PHS HOSPITAL, BALTO, MD.		23C. DATE SIGNED 11/14/51
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Nov. 16, 1951	24C. NAME OF CEMETERY OR CREMATORY St. Mary's (Hampden)	24D. LOCATION (City, town, or county) (State) Baltimore, Maryland	
25. FUNERAL DIRECTOR Burgee, Funeral Home		ADDRESS 3631 Falls Road		

VS 150

47074

Horace F. Burgee

47D

100-1-100

100-1-100

100-1-100

100-1-100

100-1-100

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

51 9866

Registered No.

BIRTH NO.

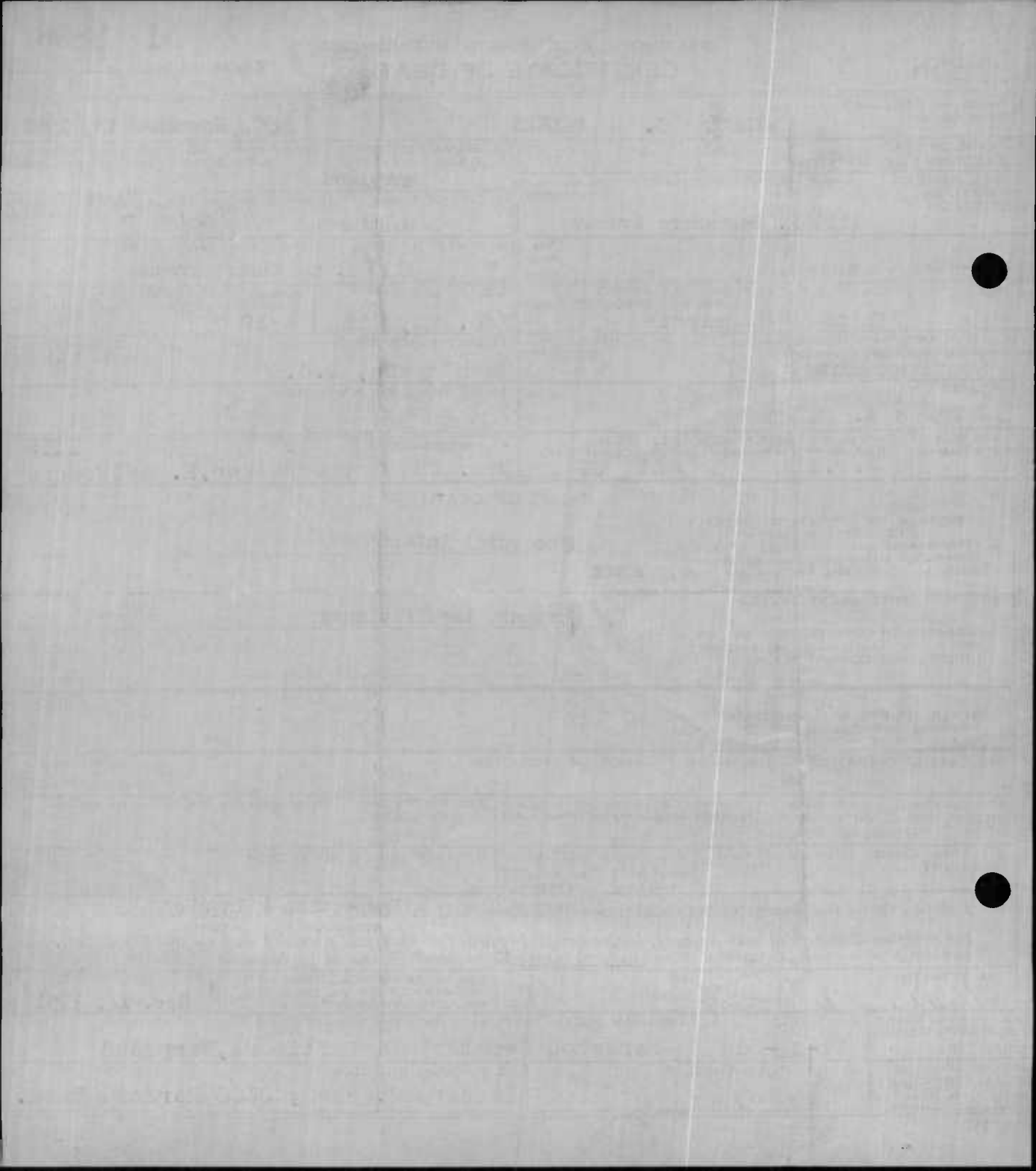
1. NAME OF DECEASED (Type or Print) WILBUR C. WALKER		2. DATE OF DEATH November 13, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION 1119 E. Belvedere Avenue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
C. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 1119 E. Belvedere Avenue	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Feb. 20, 1912
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stafford Hotel		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 39
13. FATHER'S NAME ? James A. Walker		11. BIRTHPLACE (State or foreign country) Washington, D.C.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) yes		12. CITIZEN OF WHAT COUNTRY?	
16. SOCIAL SECURITY NO. W.W.11 577 099070		14. MOTHER'S MAIDEN NAME ? Mary Lee	
17. INFORMANT Mrs. Charlotte Walker, E. Belvedere		ADDRESS 1119	

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Myocardial infarct		INTERVAL BETWEEN ONSET AND DEATH
(A) Myocardial infarct		
(B) Coronary insufficiency		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIB. <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <i>William W. [Signature]</i>		23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... M.D. MEDICAL INVESTIGATOR.....		23C. DATE SIGNED Nov. 14, 1951	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 11-16-51		24C. NAME OF CEMETERY OR CREMATORY Parkwood Cemetery	
24D. LOCATION (City, town, or county) Baltimore, Maryland		25. FUNERAL DIRECTOR Leonard J. Ruck, 5305 Harford Road.			
DATE RECEIVED BY LOCAL REGISTRAR NOV 15 1951		REGISTRAR'S SIGNATURE <i>Tom Williams</i>			



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BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 51 9867

BIRTH NO. 9867

1. NAME OF DECEASED
(Type or Print)

Stephen Allen McCarthy

2. DATE
OF
DEATH

Nov. 14, 1951

3. PLACE OF DEATH:

a. Baltimore City, Maryland

b. FULL NAME OF
HOSPITAL OR
INSTITUTION

Hospital for the Women of Md

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

a. STATE Maryland

b. COUNTY

c. CITY OR TOWN

Balt-18

d. STREET ADDRESS (If rural, give location)

519 E-22nd St.

5. SEX

Male

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

Nov. 12, 1951

9. AGE (In years
last birthday)

2

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10a. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10b. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Balt- Maryland

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Edward Charles McCarthy

14. MOTHER'S MAIDEN NAME

Bessie Cecile Potter

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

Edward Chas. McCarthy-519 E-22nd St

18.

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) Anoxia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Encephalitis?

DUE TO

(C) Cerebral trauma?

INTERVAL BETWEEN
ONSET AND DEATH2 days
3 hours
4 min.OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21a. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21b. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour)
INJURY

21e. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from NOV. 12, 1951, to NOV. 14, 1951, that I last saw the
deceased alive on NOV. 14, 1951, and that death occurred at 3:51 A.M., from the causes and on the date stated above.

23a. SIGNATURE

Penelope Powell Jr.

23b. ADDRESS

HOSPITAL FOR WOMEN OF MD. BALTIMORE MD.

23c. DATE SIGNED

11/14/51

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

24b. DATE

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county)

24e. DATE RECEIVED BY
LOCAL REGISTRAR

24f. REGISTRAR'S SIGNATURE

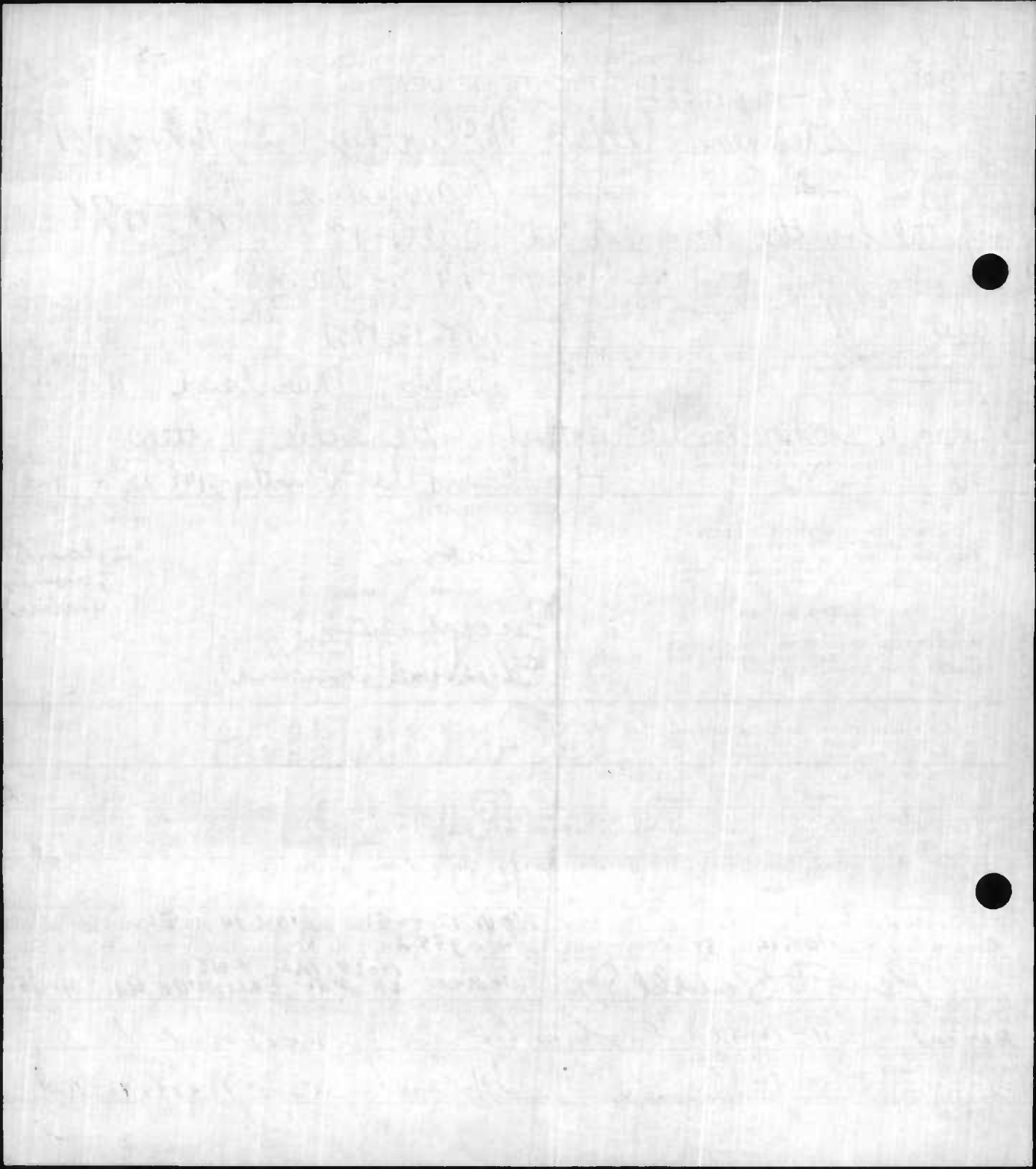
24g. FUNERAL DIRECTOR

24h. ADDRESS

VS 150

NOV 15 1951

160a



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

51 9868
Registered No.

320
51 9868
BIRTH NO. 51-21948

1. NAME OF DECEASED (Type or Print) CHARLES WOODS				2. DATE OF DEATH Nov. 13, 1951			
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Balto. City</i>				4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland B. COUNTY 6-03			
B. FULL NAME OF (If not in hospital or institution, give street address or location) Johns Hopkins Hospital				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
C. Length of stay in Baltimore <i>Life</i>				D. STREET ADDRESS (If rural, give location) 117 N. Madiera Street			
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Infant</i>	8. DATE OF BIRTH <i>Sept. 20, 1951</i>		9. AGE (In years last birthday) <i>1</i>	10. Under 1 Year Months: Days <i>23</i>	11. Under 24 Hours Hours: Min. <i>23</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>None</i>			10B. KIND OF BUSINESS OR INDUSTRY <i>None</i>		11. BIRTHPLACE (State or foreign country) <i>Baltimore</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13. FATHER'S NAME <i>Donald Woods</i>				14. MOTHER'S MAIDEN NAME <i>Thelma Woods</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <i>No</i>			16. SOCIAL SECURITY NO.		17. INFORMANT <i>Thelma Woods</i>		
					ADDRESS <i>117 N. Madiera St</i>		

18. <i>492x</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Interstitial pneumonitis DUE TO		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

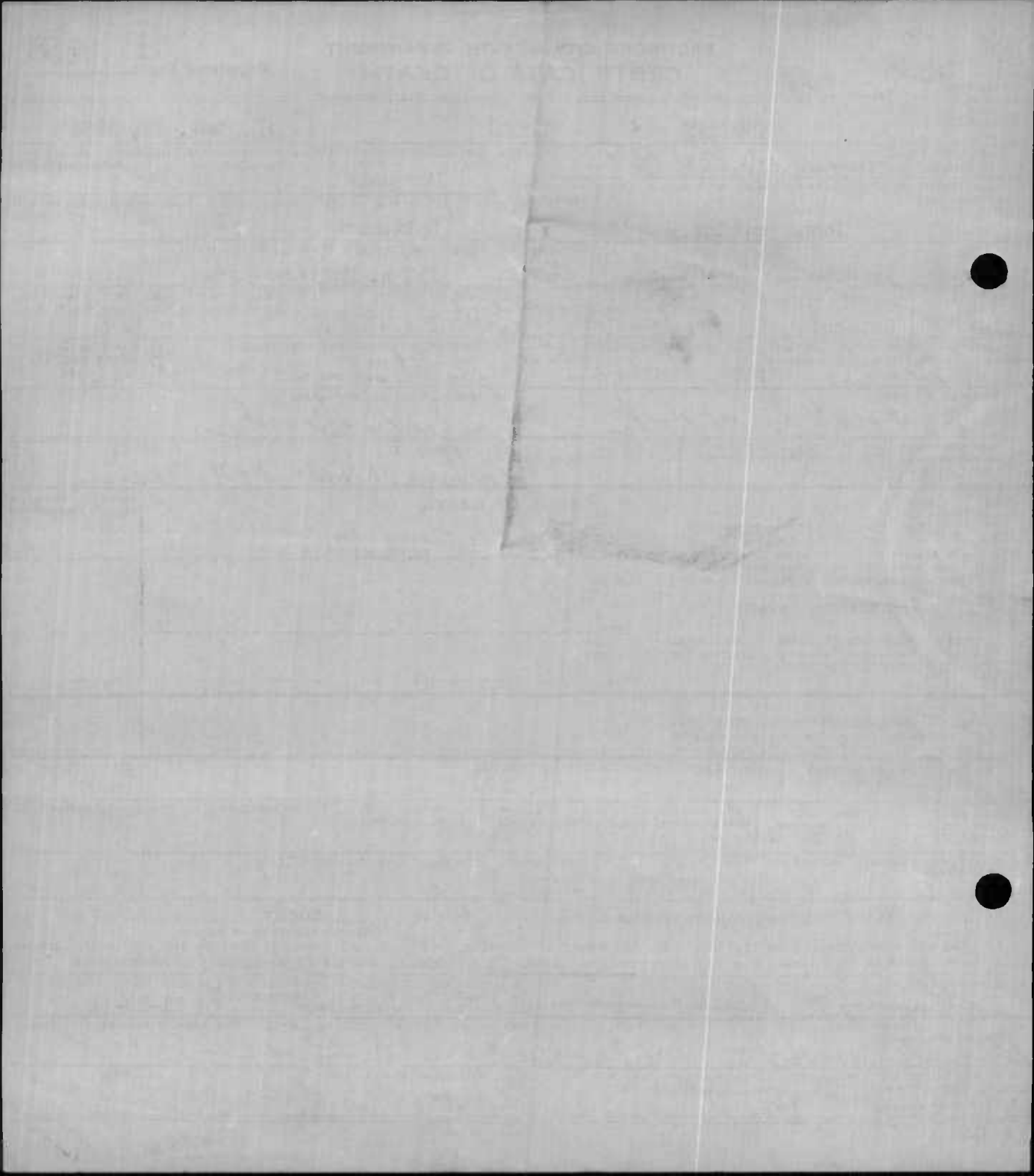
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIB-UTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	

22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE <i>Stanley H. Deneuchon</i>		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED 11-13-51	
24A. BURIAL, CREMA-TION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>11-16-51</i>		24C. NAME OF CEMETERY OR CREMATORY <i>mt Calvary Cem.</i>	
				24D. LOCATION (City, town, or county) (State) <i>Brooklyn md</i>	

DATE RECEIVED BY LOCAL REGISTRAR NOV 15 1951		REGISTRAR'S SIGNATURE <i>Choygo Wilson</i>		25. FUNERAL DIRECTOR <i>Choygo Wilson</i>	
				ADDRESS <i>114 E</i>	

MEDICAL CERTIFICATION



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **51 9869**

252
1 9869
BIRTH NO.

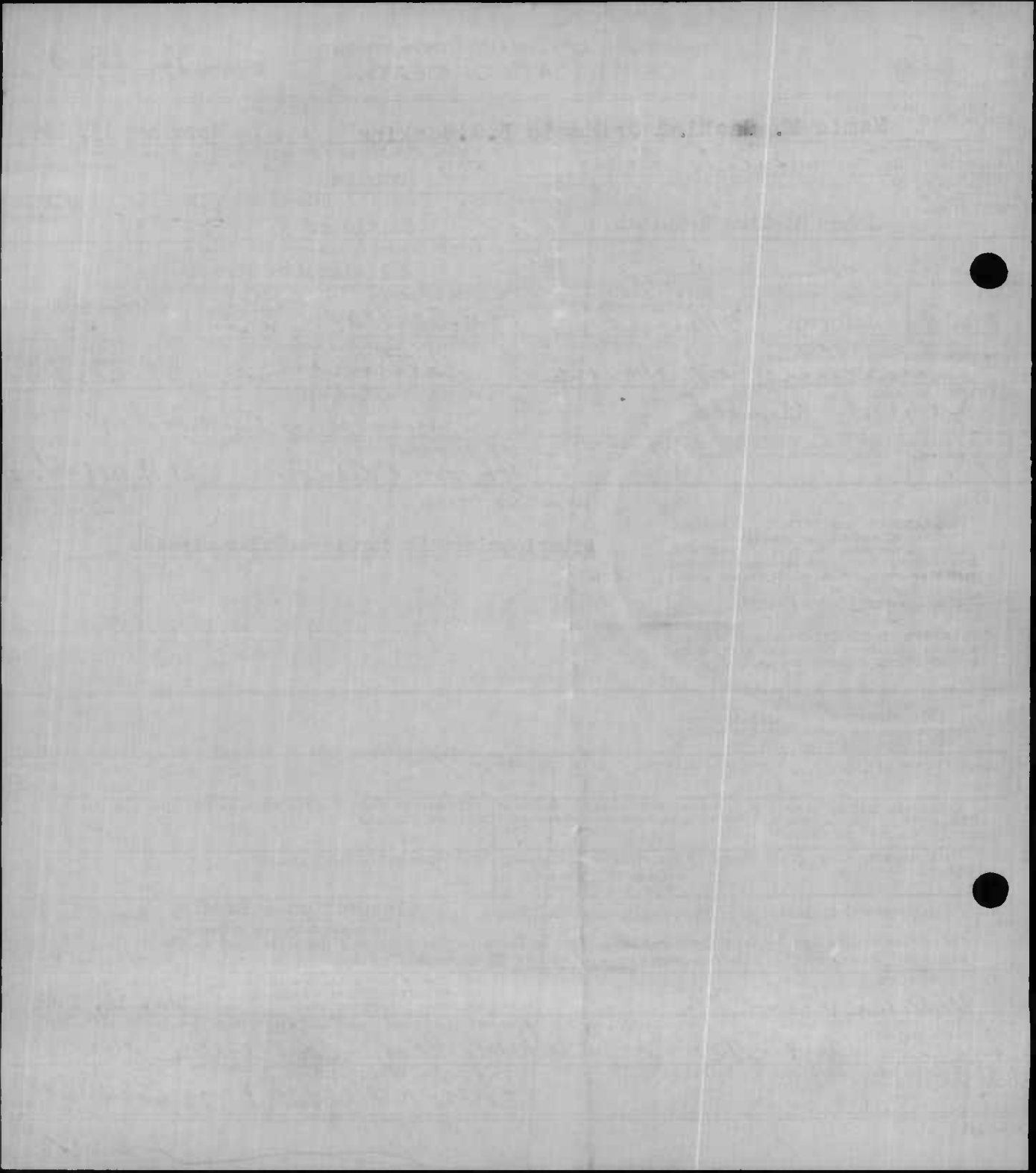
1. NAME OF DECEASED (Type or Print) Mamie M. Gaskins Ori Mamie B.S. Gaskins			2. DATE OF DEATH November 13, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto, City			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION Johns Hopkins Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
D. STREET ADDRESS (If rural, give location) 211 Aisquith Street			E. DATE OF BIRTH Jan. 30, 1909		
F. AGE (In years last birthday) 42			G. MONTHS 5-01		
H. DAYS Life			I. CITIZEN OF WHAT COUNTRY? U.S.A.		
J. SEX Female			K. COLOR OR RACE Colored		
L. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married			M. BIRTHPLACE (State or foreign country) Baltimore		
N. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife at Home			O. KIND OF BUSINESS OR INDUSTRY		
P. FATHER'S NAME James Bundy			Q. MOTHER'S MAIDEN NAME Emma Bundy		
R. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) no			S. SOCIAL SECURITY NO.		
T. INFORMANT Thomas Gaskins			U. ADDRESS 211 N. Aisquith St		

18. 4221 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic cardiovascular disease		INTERVAL BETWEEN ONSET AND DEATH
(A) DUE TO		
(B) DUE TO		
C. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIB. <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I certify that I took charge of the remains described above, held an **Inspection & Inquiry** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: **natural causes** ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE William V. Loo		23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... M.D. MEDICAL INVESTIGATOR.....		23C. DATE SIGNED Nov. 14, 1951	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 11-16-1951		24C. NAME OF CEMETERY OR CREMATORY mt Calvary Cem Baltimore md	
24D. LOCATION (City, town, or county) Baltimore md		24E. LOCAL REGISTRAR NOV 15 1951		24F. REGISTRAR'S SIGNATURE John Williams	
24G. FUNERAL DIRECTOR Chas. O. Wilson		24H. ADDRESS 1000 Broadway			



525
51 9870BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 9870

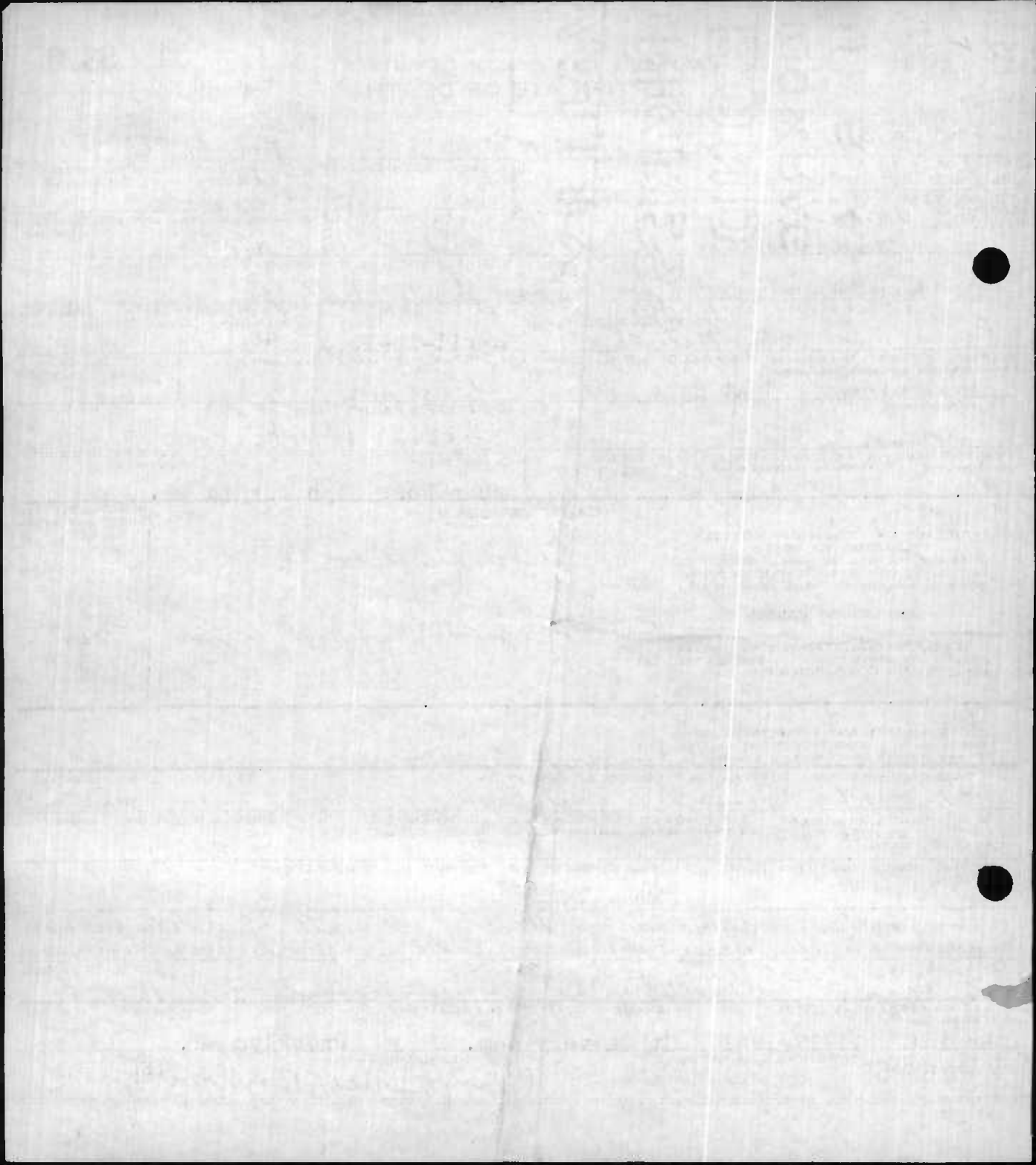
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) EMMA ROSS JOHNSON			2. DATE OF DEATH 11-10-51		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md B. COUNTY Anne Arundel		
B. FULL NAME OF (If not in hospital or institution, give street address or location) University Hospital Redwood & Lombard Sts			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Glen Burnie		
c. Length of stay in Baltimore UNKNOWN			D. STREET ADDRESS (If rural, give location) Rt 1 Box 119		
5. SEX F	6. COLOR OR RACE C	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April-15-1903	9. AGE (In years last birthday) 48	If Under 1 Year Months: Days Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (State or foreign country) Virginia		12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME UNKNOWN			14. MOTHER'S MAIDEN NAME Lydia White		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	17. INFORMANT John Ross Glen Burnie Md.		

18. 561.21 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Cardiac Arrest DUE TO Strangulated Umbilical Hernia DUE TO 5 days	INTERVAL BETWEEN ONSET AND DEATH 5 days
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION 11-10-51		19B. MAJOR FINDINGS OF OPERATION Gangrenous Small Bowel		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 11-9 , 1951, to 11-10 , 1951, that I last saw the deceased alive on 11-10 , 1951, and that death occurred at 2:20 A.M. , from the causes and on the date stated above.					
23A. SIGNATURE Edward P. Smith Jr.		23B. ADDRESS University Hospital		23C. DATE SIGNED 11-10-51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 11/17/1951		24C. NAME OF CEMETERY OR CREMATORY Mt Calvary Cem.	
24D. LOCATION (City, town, or county) Brooklyn Md.		24E. FUNERAL DIRECTOR Elroyo Wilson		24F. ADDRESS 1001 Buntly Ave	



220

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 9871

Registered No.

51 9871
BIRTH NO.1. NAME OF DECEASED
(Type or Print)

JAMES TAKAS

2. DATE
OF
DEATH

11-14-1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

ST. Agnes Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

26 58

c. Length of stay in Baltimore

27 years

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

427 S. Crankling St

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

9. AGE (in years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

78

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Turkey

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John

14. MOTHER'S MAIDEN NAME

Florence

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)

Yes, no or unknown)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

John Takas 617 Franklin St

18.

600.0

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Uremia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Bilateral Stage Horn Calculi

(C)

Bilateral Pyonephrosis

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from 11/5, 1951, to 11/14, 1951, that I last saw the
deceased alive on 11/14, 1951, and that death occurred at 5:25 A.M., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

11/14/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

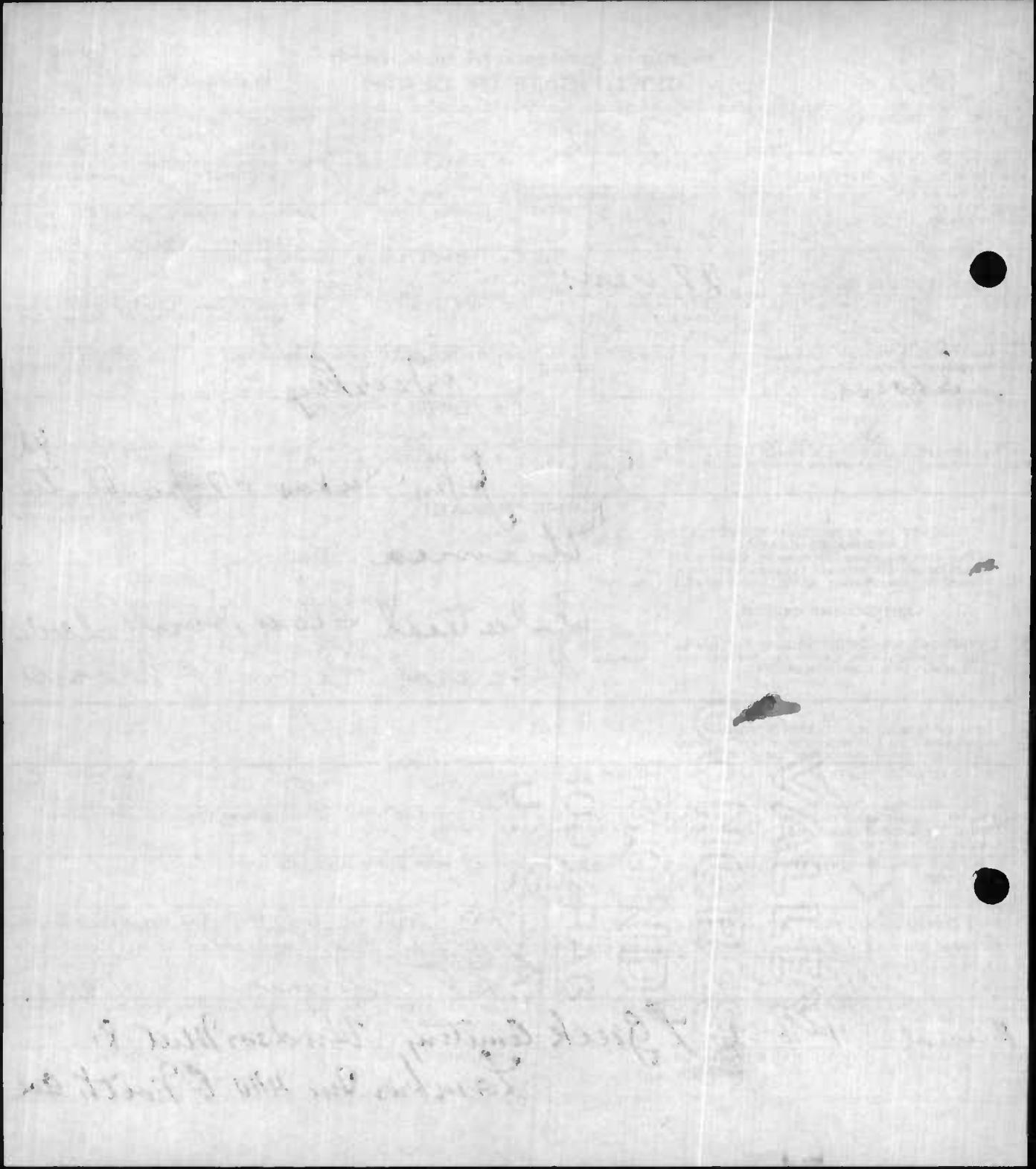
25. FUNERAL DIRECTOR

ADDRESS

NOV 15 1951

Washington, D.C.

Lambert One 440 E. North Ave



655
1 9872BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 9872

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Charles Thomas Farnon

2. DATE
OF
DEATH

11/13/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence
A. STATE B. COUNTY before admission)

Md.

5. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Mary Hop

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

12-01

c. Length of stay in Baltimore

D. STREET ADDRESS (If rural, give location)

223 W. 29th St.

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Aug. 21, 1892

9. AGE (In years
last birthday)

59

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Contractor

10B. KIND OF BUSINESS OR
INDUSTRY

Building

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Joseph W. Farnon

14. MOTHER'S MAIDEN NAME

Minnie Adams

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

215-07-3038

17. INFORMANT

ADDRESS

Blanche H. Farnon 223 W. 29th St

18. 4221 I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) Arteriosclerotic cardiovascular

DUE TO Disease, severe

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) ventricular tachycardia

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

m.

WHILE AT

NOT WHILE

WORK

AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 18 Nov, 1951, to 13 Nov, 1951, that I last saw the
deceased alive on 15 Nov, 1951, and that death occurred at 4:30 P. M., from the causes and on the date stated above.

23A. SIGNATURE

L. Dale Ammons

M. D.

23B. ADDRESS

Mary Hospital

23C. DATE SIGNED

13 Nov '51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

11/17/51

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral Cem.

24D. LOCATION (City, town, or county)

Baltimore

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

John A. Moran

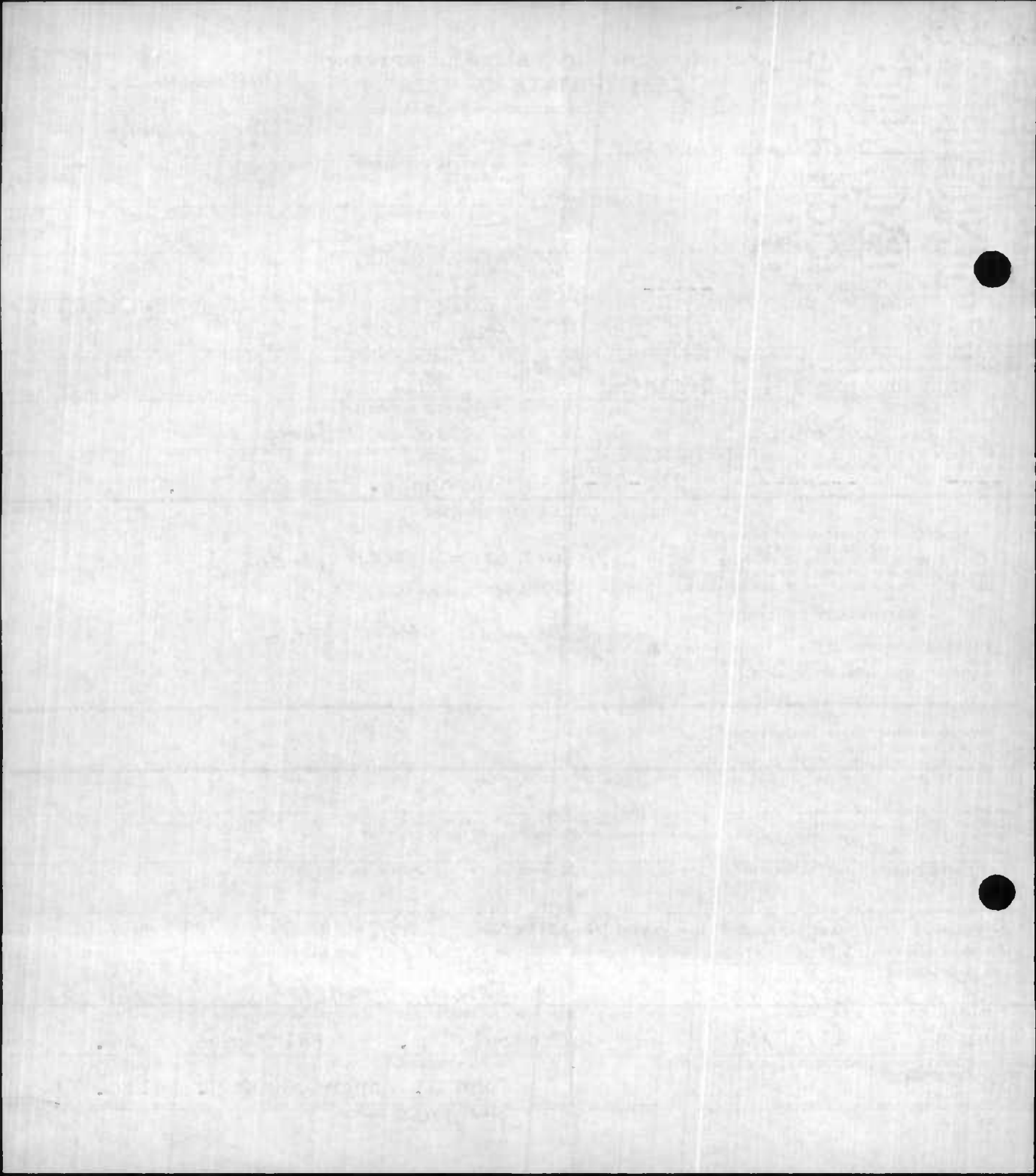
25. FUNERAL DIRECTOR

ADDRESS

John A. Moran 3000 E. Balto. St

29024

93D



300
51 9873

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

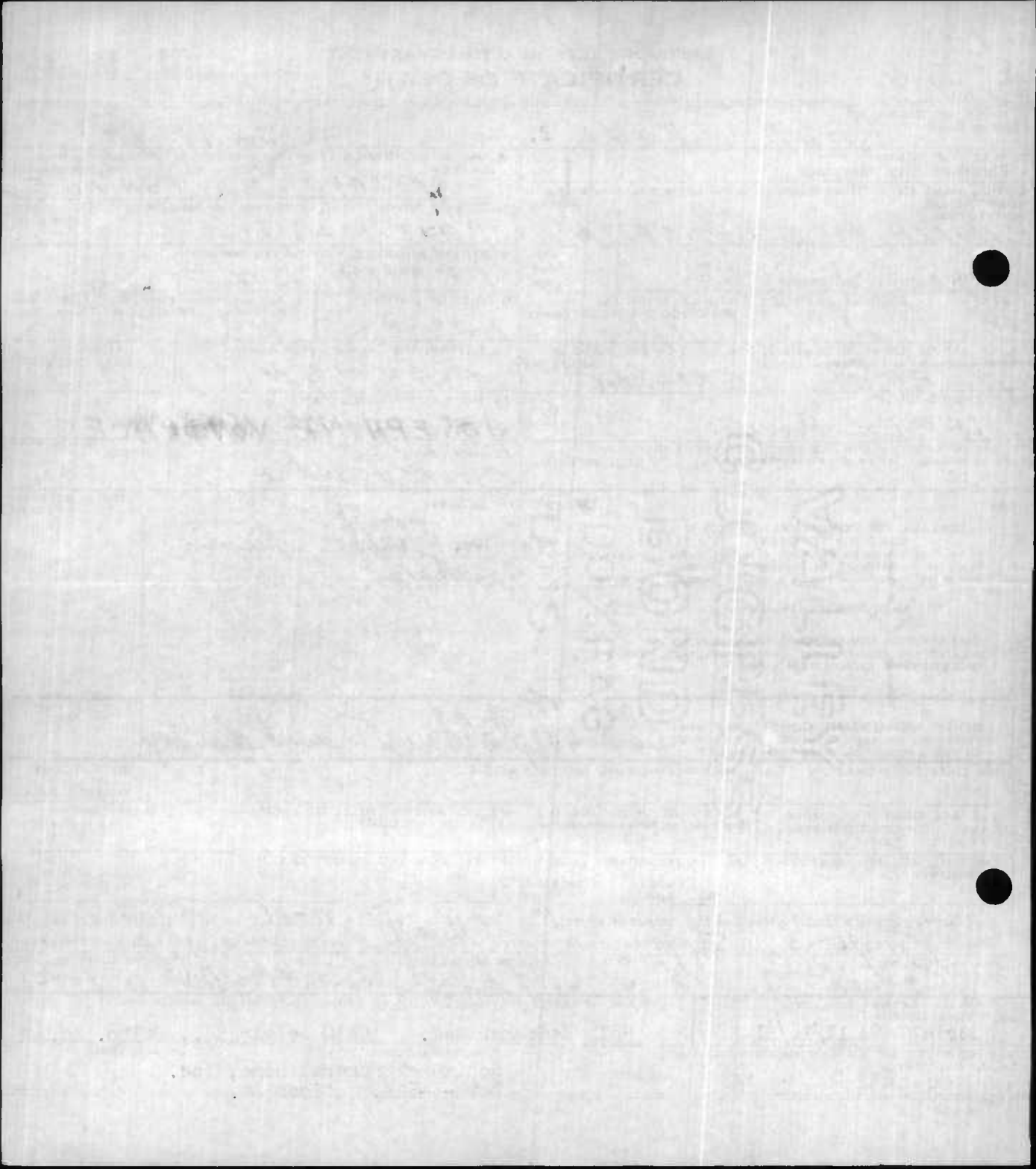
Registered No. 51 9873

1. NAME OF DECEASED (Type or Print) RADA, FRANK B.		2. DATE OF DEATH 11-14-51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE MARYLAND B. COUNTY BALTIMORE	
B. FULL NAME OF HOSPITAL OR INSTITUTION CHURCH HOME & HOSPITAL		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE	
C. Length of stay in Baltimore 63		D. STREET ADDRESS (If rural, give location) RR #14 BOX 347 5300	
5. SEX M	6. COLOR OR RACE N	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH 7-28-88
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CLERK		10B. KIND OF BUSINESS OR INDUSTRY GROCERY	9. AGE (In years last birthday) 63
13. FATHER'S NAME JAMES RADA		12. CITIZEN OF WHAT COUNTRY? U.S.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO.	
17. INFORMANT CHURCH HOME & HOSPITAL		ADDRESS	
18. 145X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Carcinoma of tonsil & extension to Esophagus.		CAUSE OF DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		INTERVAL BETWEEN ONSET AND DEATH	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Blind's Peptic Ulcer & Terminal Hemiparesis			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21F. HOW DID INJURY OCCUR?	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
22. I hereby certify that I attended the deceased from 10-26 , 19 51 to 11-14 , 19 51 , that I last saw the deceased alive on 11-13 , 19 51 and that death occurred at 4:10 P.M. , from the causes and on the date stated above.			
23A. SIGNATURE Robert G. Thom		23C. DATE SIGNED 11-18-51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 11/16/51	
24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer Cem.		24D. LOCATION (City, town, or county) (State) 4430 Belair Rd., Balto. Md.	
DATE RECEIVED BY LOCAL REGISTRAR NOV 15 1951		REGISTRAR'S SIGNATURE William J. Williams	
25. FUNERAL DIRECTOR Schimunek Funeral Home, Inc.		ADDRESS 2601-3-5 E. Madison St.	

MEDICAL CERTIFICATION

3906A

45F



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

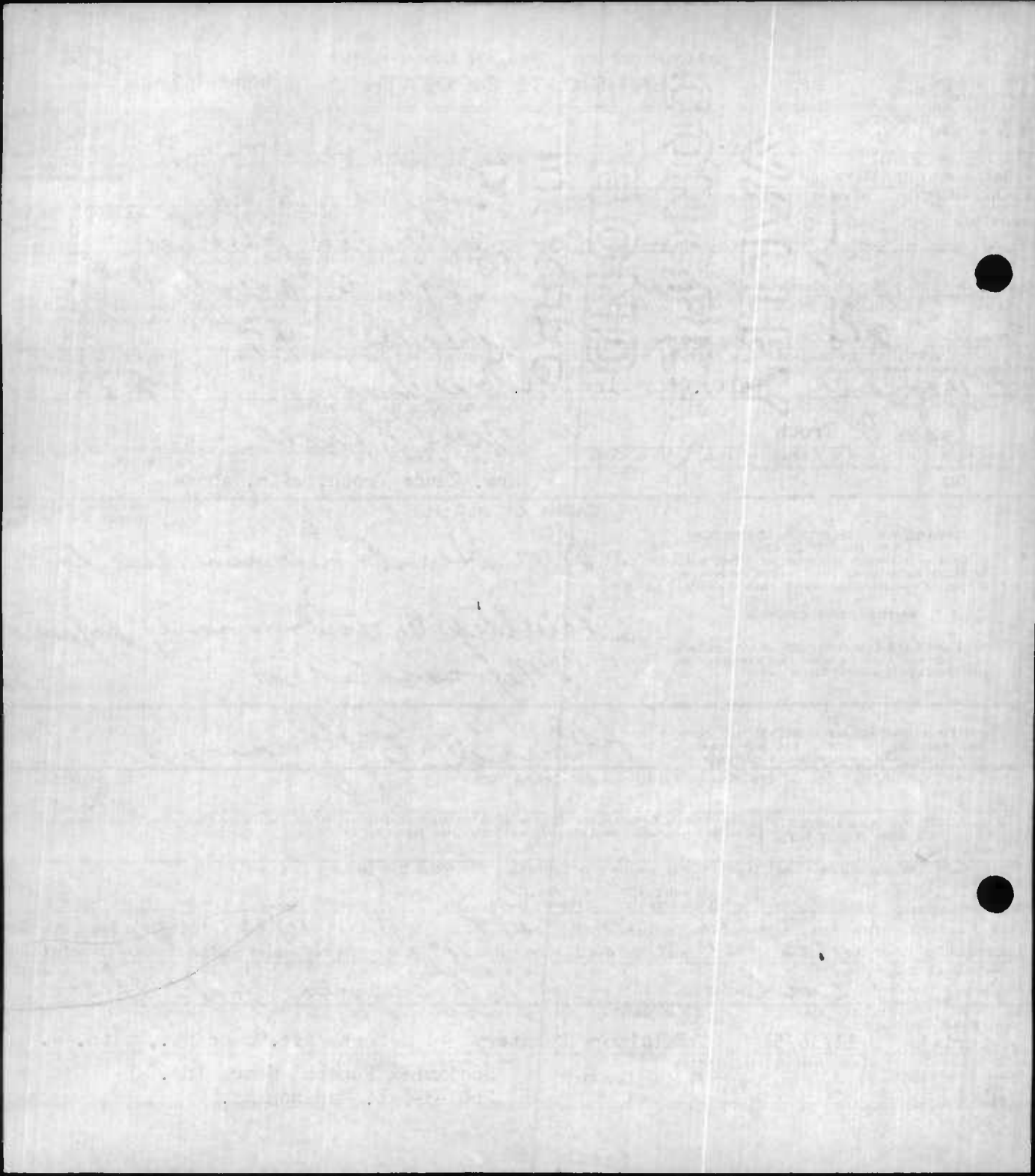
51 9874
Registered No. _____

620
51 9874
BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) <i>THOMAS A. TROCH</i>			2. DATE OF DEATH <i>11-13-51</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>2. S. R.</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>St. Agnes Hospital</i>			C. CITY OR TOWN, (If outside corporate limits, write full name of township) <i>Baltimore, Maryland</i>		
C. Length of stay in Baltimore <i>47 Yrs</i>			D. STREET ADDRESS (If rural, give location) <i>2428 E. Lombard St #13</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>12/17/03</i>		9. AGE (in years last birthday) <i>47</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Fireman</i>			10B. KIND OF BUSINESS OR INDUSTRY <i>Balto. City Fire Dept</i>		11. BIRTHPLACE (State or foreign country) <i>Maryland</i>
12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>			13. FATHER'S NAME <i>John A Troch</i>		
14. MOTHER'S MAIDEN NAME <i>Mary K. Jones</i>			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <i>no</i>		
16. SOCIAL SECURITY NO.			17. INFORMANT ADDRESS <i>Mrs. Maude Troch, wife, above</i>		

18. <i>4/22.2</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	CAUSE OF DEATH (A) <i>Ro Heart Strain due to</i> DUE TO (B) <i>Multiple Pulmonary Infarcts</i> DUE TO (C) <i>Myocarditis</i>	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Pleural Effusion</i>		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDER- Lying <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>11/8</i> , 1951, to <i>11/13</i> , 1951, that I last saw the deceased alive on <i>11/13</i> , 1951, and that death occurred at <i>9:45</i> Am., from the causes and on the date stated above.					
23A. SIGNATURE <i>J. H. Ealy</i>		23B. ADDRESS <i>St. Agnes Hosp</i>		23C. DATE SIGNED <i>9/13/51</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>11/16/51</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Baltimore Cemetery</i>	
24D. LOCATION (City, town, or county) (State) <i>North Ave. & Rose St., Balto. Md.</i>		25. FUNERAL DIRECTOR ADDRESS <i>Schimunek Funeral Home, Inc. 2601-3-5 E. Madison St.</i>			



314
9875BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 9875

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Bonnie Lee Steibel

2. DATE
OF
DEATH

Nov. 15, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR
INSTITUTION JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE Ill.

B. COUNTY V-11

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Chicago

c. Length of stay in Baltimore

14

Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

SINGLE

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

HONOR

10B. KIND OF BUSINESS OR INDUSTRY

13. FATHER'S NAME

Howard Steibel

8. DATE OF BIRTH

12-6-50

9. AGE (In years last birthday)

11

If Under 1 Year
Months Days

11 9

If Under 24 Hours
Hours Min.

11. BIRTHPLACE (State or foreign country)

Chicago, Ill.

12. CITIZEN OF
WHAT COUNTRY?

14. MOTHER'S MARDEN NAME

Kathryn Silberg

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
Yes, no or unknown

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.17. INFORMATION
JOHNS HOPKINS HOSPITAL ADDRESS

18. 754.6 I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Cardiac Arrest

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Myocardial injury

DUE TO

(C)

Thrombotic plane of operation
5 mm. stenosis of great vesselsINTERVAL BETWEEN
ONSET AND DEATH

10 min

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

11-15-51

19B. MAJOR FINDINGS OF OPERATION

Transposition of great vessels arising from aortic arch

20. AUTOPSY?
YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

TIME (Month) (Day) (Year) (Hour)

INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/11, 1951, to 11/15, 1951, that I last saw the deceased alive on 11/15, 1951, and that death occurred at 9:45 a.m., from the causes and on the date stated above.

23A. SIGNATURE

John R. Swatlow

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

11-19-1951

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

Chicago, Ill.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

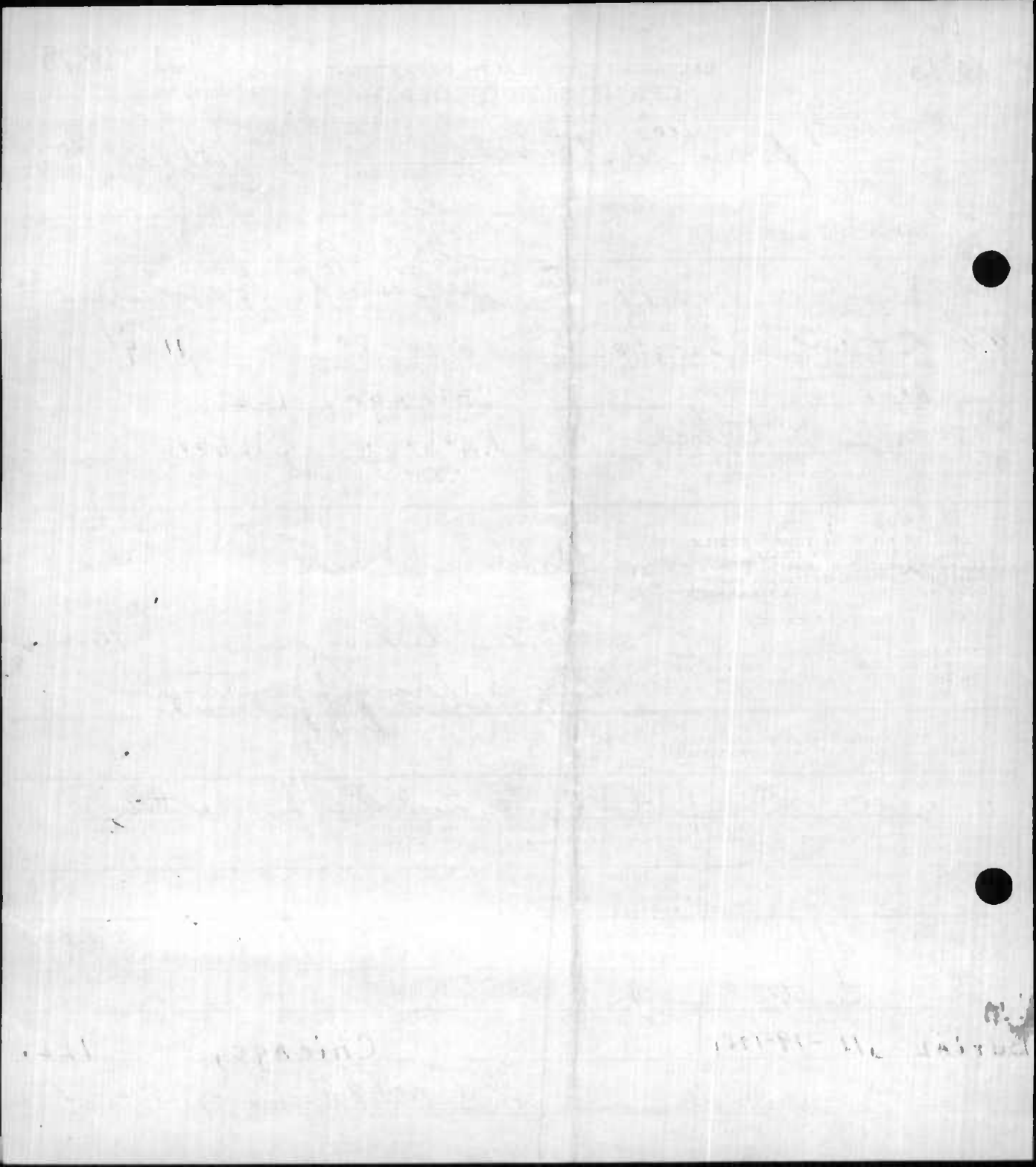
25. FUNERAL DIRECTOR

ADDRESS

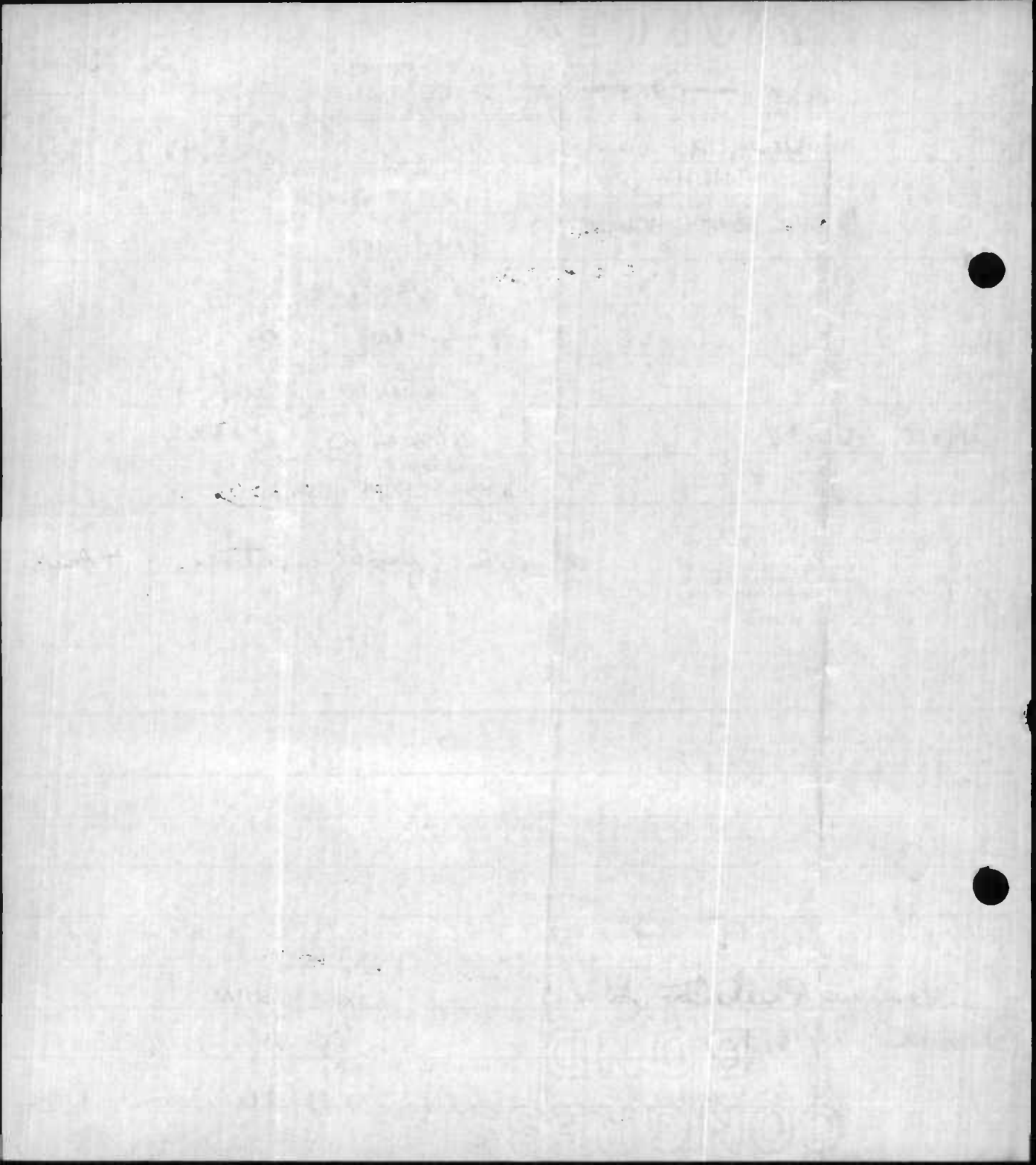
NOV 15 1951

John O. Mitchell

1900 Eutaw Place



<div style="font-size: 2em; float: left; margin-right: 10px;">520</div> <div style="text-align: right;"> <div style="font-size: 1.5em; margin-right: 20px;">51 9876</div> <div style="text-align: center;">BALTIMORE CITY HEALTH DEPARTMENT</div> <div style="text-align: center;">CERTIFICATE OF DEATH</div> <div style="text-align: right;"> <div style="font-size: 1.5em; margin-right: 20px;">51 9876</div> <div style="text-align: right;">Registered No. _____</div> </div> </div>	
BIRTH NO. 49-14165	
1. NAME OF DECEASED (Type or Print) DOUGLAS JONES	
2. DATE OF DEATH Nov 13, 1951	
3. PLACE OF DEATH: a. Baltimore City, Maryland HLH-3W	
b. FULL NAME OF (If not in hospital or institution, give street address or location) JOHNS HOPKINS HOSPITAL	
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____	
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MARYLAND b. COUNTY Baltimore	
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE Rural	
d. STREET ADDRESS (If rural, give location) 20 DECATUR Rd. 5200	
5. SEX MALE	6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH 7-4-49
9. AGE (In years last birthday) 2	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Baltimore Md.
12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME DAVID JONES
14. MOTHER'S MAIDEN NAME Helilah Roper	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) Yes, no or unknown
16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS JOHNS HOPKINS HOSPITAL
18. 092X CAUSE OF DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Hepati. probably infectious.	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) _____ (C) _____	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	21d. HOW DID INJURY OCCUR?
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
22. I hereby certify that I attended the deceased from 11-12- 1951, to 11-13- 1951, that I last saw the deceased alive on 11-13- 1951, and that death occurred at 5:15 A.M. , from the causes and on the date stated above.	
23a. SIGNATURE Herman Puckerton Jr. M.D.	23b. ADDRESS JOHNS HOPKINS HOSPITAL
23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 11/16/51
24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) Franklin, N.C.
DATE RECEIVED BY LOCAL REGISTRAR NOV 15 1951	25. FUNERAL DIRECTOR ADDRESS WENDELL DISSEL 3123 Highland Ave. 32a



030 51 9877

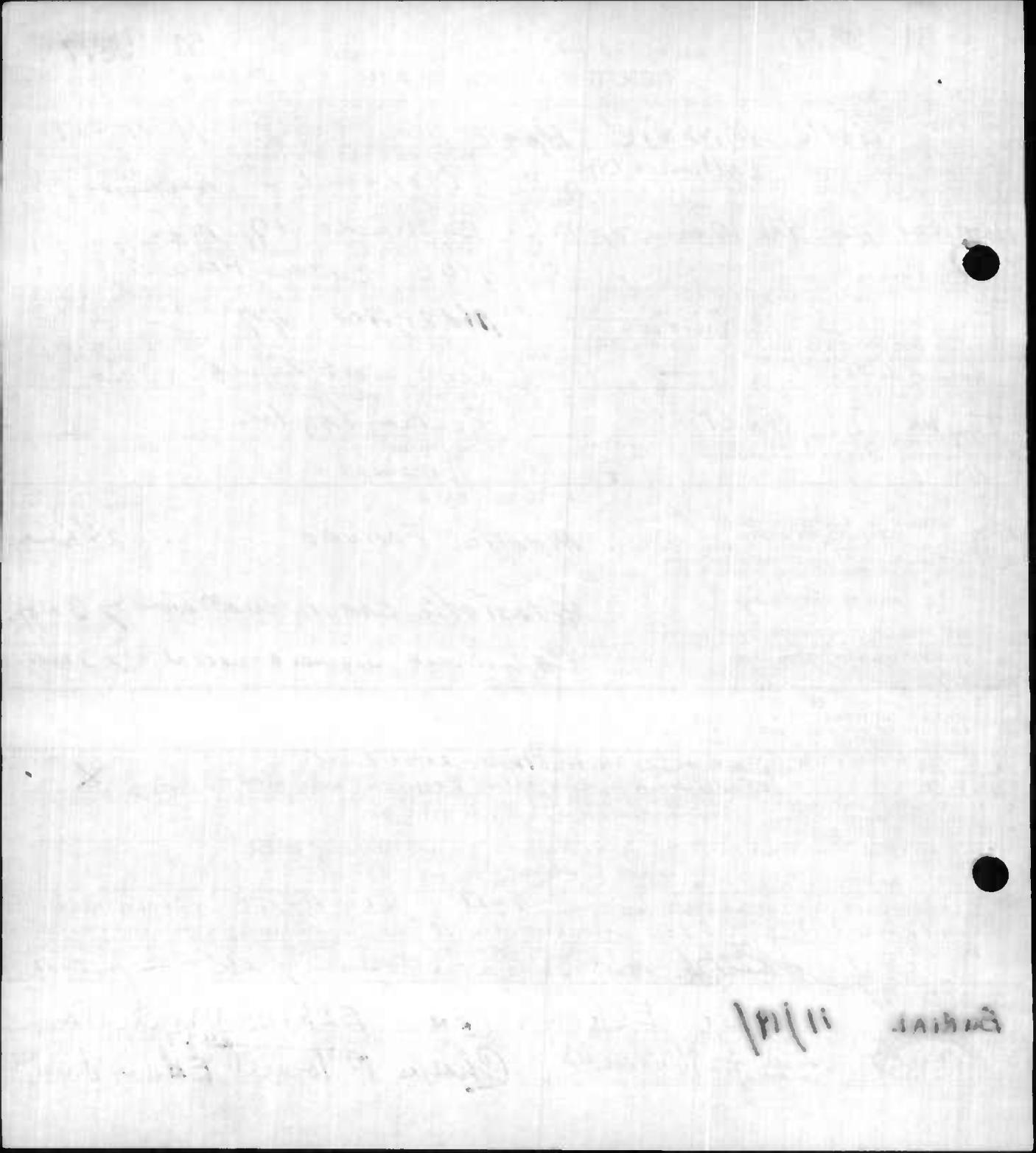
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 9877
Registered No.

1. NAME OF DECEASED (Type or Print) <i>Belle Minnie Hart</i>		2. DATE OF DEATH <i>11-15-57</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Baltimore City, Md.</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Baltimore City</i>	
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>Hospital for the Women of Md.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 17, Md.</i>	
6. Length of stay in Baltimore Yrs. <i>7</i> Mos. <i>4</i> Days <i>14-01</i>		D. STREET ADDRESS (If rural, give location) <i>1503 Eutaw Place. 14-01</i>	
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>DIVORCED</i>	8. DATE OF BIRTH <i>Nov 28, 1903</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>House wife.</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>—</i>	
11. BIRTHPLACE (State or foreign country) <i>Kearns, West Virginia</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.B.</i>	
13. FATHER'S NAME <i>Taylor B. Hart.</i>		14. MOTHER'S MAIDEN NAME <i>Bertha Taylor</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>—</i>	
17. INFORMANT <i>Deceased.</i>		ADDRESS	

18. <i>153X I</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <i>Hepatic Failure</i> DUE TO CAUSE OF DEATH <i>Hepatic Failure</i>		INTERVAL BETWEEN ONSET AND DEATH <i>24 hours.</i>
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Metastatic carcinoma to liver > 3 mos.</i> <i>Carcinoma sigmoid colon > 3 mos.</i>		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>—</i>		

19A. DATE OF OPERATION <i>10-15-57</i>		19B. MAJOR FINDINGS AT AUTOPSY <i>Large Bowel</i>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <i>—</i>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>—</i>		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <i>—</i>	
21D. TIME (Month) (Day) (Year) (Hour) INJURY <i>—</i>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? <i>—</i>	
22. I hereby certify that I attended the deceased from <i>9-11</i> , 19 <i>51</i> , to <i>11-15</i> , 19 <i>51</i> , that I last saw the deceased alive on <i>11-15</i> , 19 <i>51</i> , and that death occurred at <i>10:10</i> a.m., from the causes and on the date stated above.					
23A. SIGNATURE <i>Charles P. Towell</i>		23B. ADDRESS <i>Hsp. for the Women of Md</i>		23C. DATE SIGNED <i>11-15-57</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>		24B. DATE <i>11/19/51</i>		24C. NAME OF CEMETERY OR CREMATORY <i>ELKINS CEM</i>	
24D. LOCATION (City, town, or county) <i>ELKINS West VA</i>		25. FUNERAL DIRECTOR <i>Charles P Towell</i>		25B. ADDRESS <i>Elkins West VA</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>Nov 16 1957</i>		REGISTRAR'S SIGNATURE <i>William H. ...</i>		25C. ADDRESS <i>—</i>	



11/11

11/11

51 9878

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 9878

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ELI

BLUM

2. DATE
OF
DEATH

Nov. 14, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location)

Pimlico Race Track

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2215 Presbury Street

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

July 27, 1900

9. AGE (in years
last birthday)

51

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Ticket Salesman Squires Athletic Club

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore Md

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Meyer Joseph Blum

14. MOTHER'S MAIDEN NAME

Freda Hoviss

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

Ida Blum 2215 Presbury St

ADDRESS

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Arteriosclerotic cardiovascular

DUE TO

disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Stanley K. Dunbar M.D.

23B. CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
MEDICAL INVESTIGATOR ☐23C. DATE SIGNED
Nov. 15, 195124A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Nov 16, 1951

24C. NAME OF CEMETERY OR CREMATORY

Sharrei Zion Cong Cemetery

24D. LOCATION (City, town, or county)

Baltimore Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

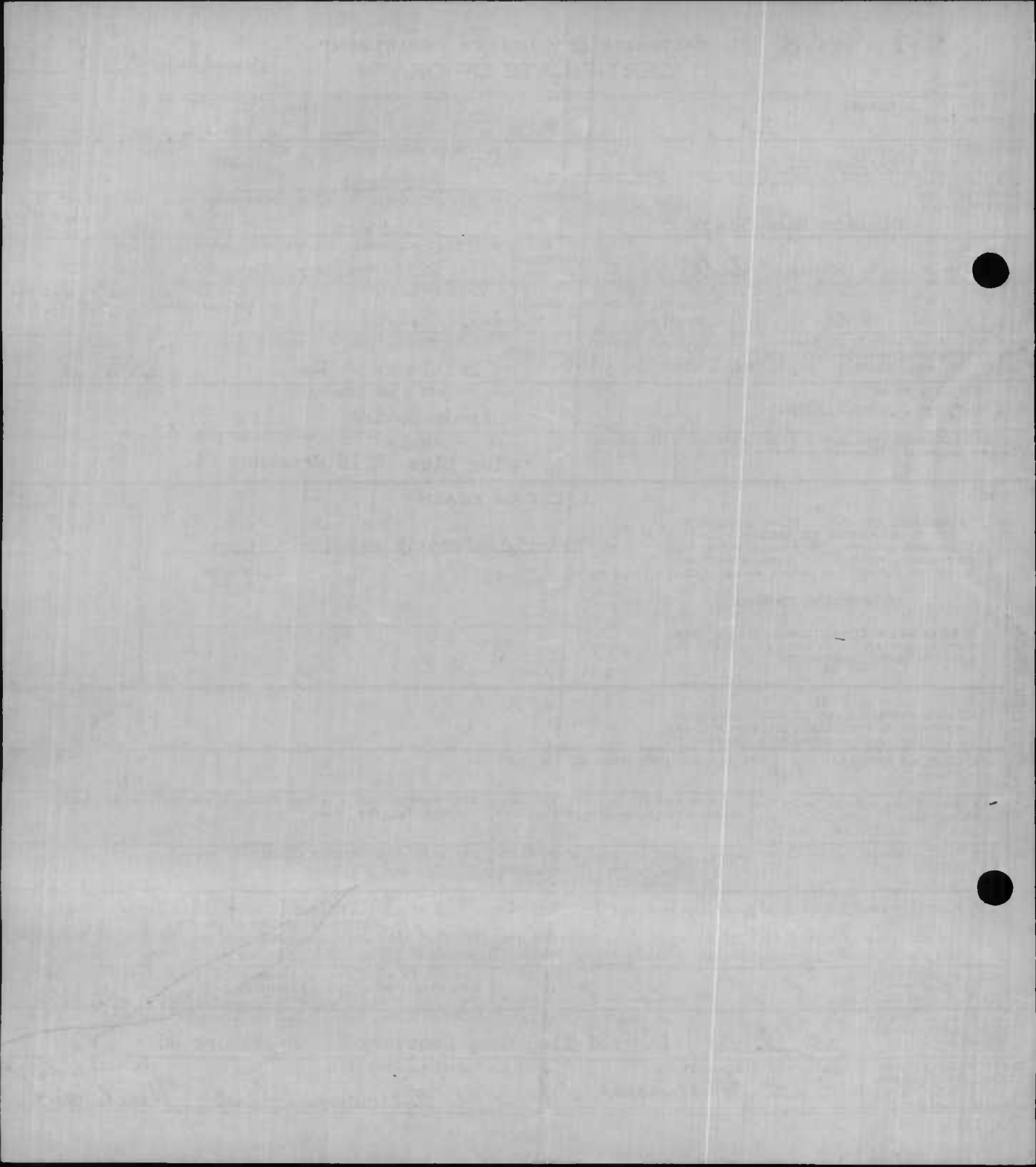
L. H. Williams, Jr.

25. FUNERAL DIRECTOR

Sol. Lewinson & Bns

ADDRESS

1126 W North Ave



51 9879

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 9879

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Teresa Bradley

2. DATE
OF DEATH 11-13-1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)
3520 Hilton St.4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTYC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 15-11D. STREET ADDRESS (If rural, give location)
3520 Hilton St.

C. Length of stay in Baltimore

life

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

10-15-1875

9. AGE (in years
last birthday)

76

11 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John Bradley

14. MOTHER'S MAIDEN NAME

Catherine Trainer

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Rd

Mrs. Clara Lambdin 910 Litchfield

18. 4rr. 1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

Cerebral Vascular Accident

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Arteriosclerotic CVA D.

DUE TO

(C)

Generalized Arteriosclerosis

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from 2/15/50, 19, to 11/13/51, 19, that I last saw the
deceased alive on 11/13/51, and that death occurred at 5:30 p. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

11-16-1951

New Cathedral

Baltimore Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 16 1951

T. Williams, M.D.

John A. Moran

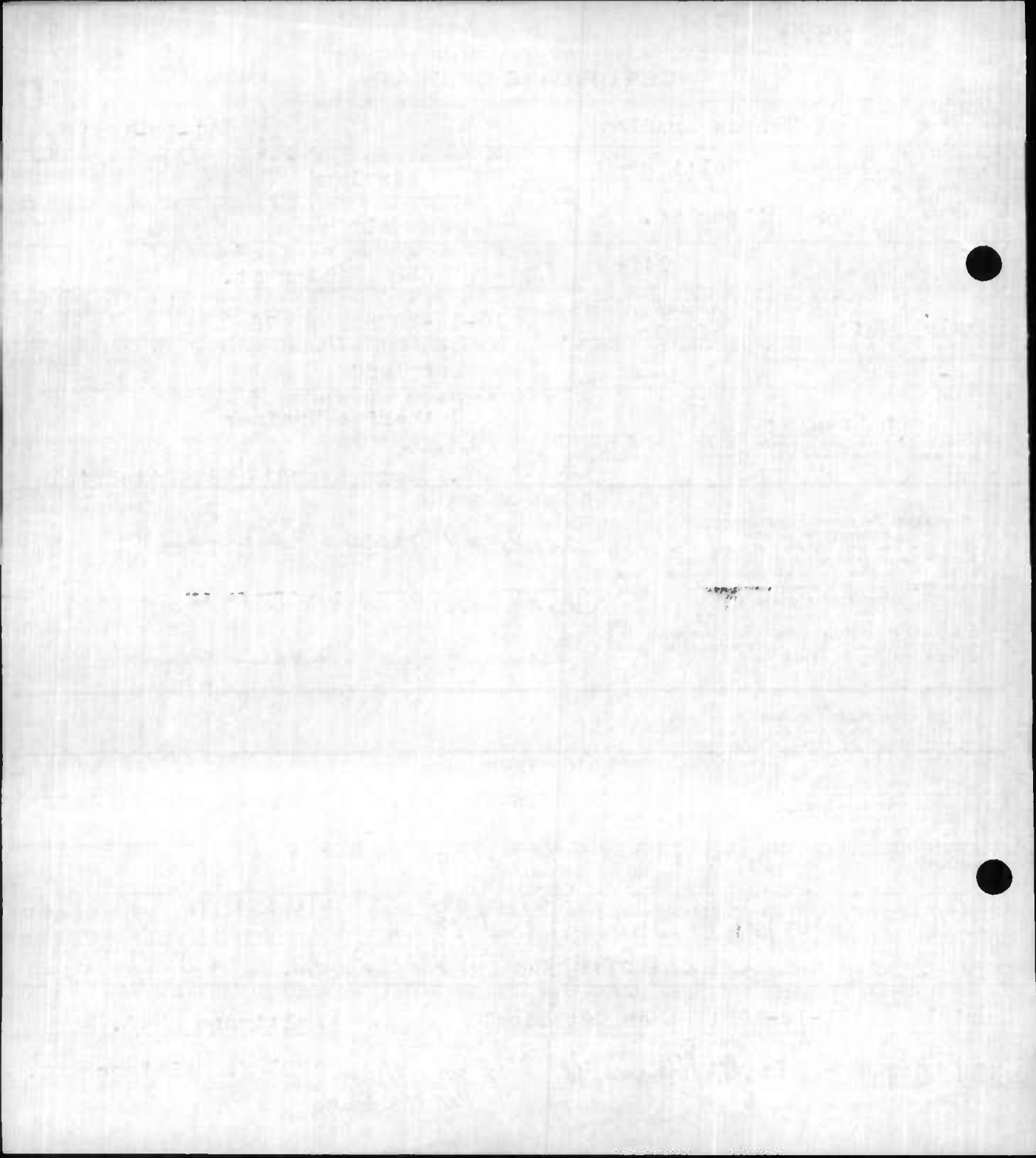
3000 E. Baltimore St.

VS 150

Per H. Edwards

937

MEDICAL CERTIFICATION



51 9880

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 9880
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Grace D. Murray

2. DATE
OF
DEATH

November 13, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

110 E. Hamburg St.

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

May 23, 1880

9. AGE (In years)

last birthday 71

If Under 1 Year

Months Days

If Under 24 Hours

Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

Home

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF

U.S.A.

13. FATHER'S NAME

Perry Wright

14. MOTHER'S MAIDEN NAME

Susan Carmine

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

None

17. INFORMANT

Lillian M. Arnold Wanda Creek Rd.

18. 260X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(A)

DUE TO

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/28, 1957, to 11/13, 1957, that I last saw the deceased alive on 11/13, 1957, and that death occurred at 3 P. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

11/17/51

24C. NAME OF CEMETERY OR CREMATORY

Baltimore Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

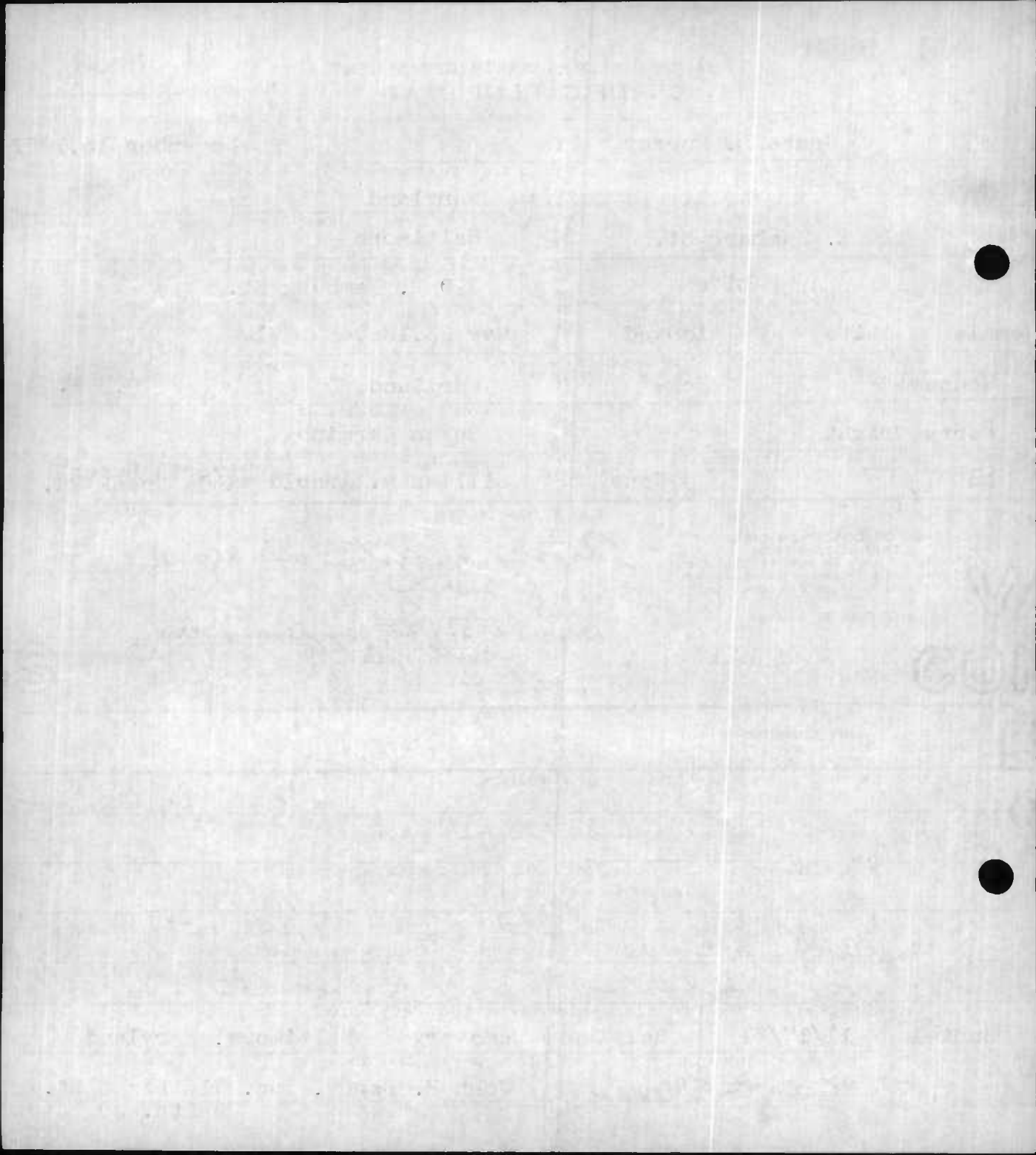
NOV 16 1951

John F. Denny, Inc. 715 Light St.

VS 150

Balto. 30

61



51 9881

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 9881
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

NETTIE BARRAN

2. DATE
OF
DEATH

11-15-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

3409 Bateman Ave

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Md

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 15-38

D. STREET ADDRESS (If rural, give location)

3409 Bateman Ave

c. Length of stay in Baltimore

42

Yrs.
Mos.
Days

5. SEX

Female white

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widow

8. DATE OF BIRTH

9. AGE (In years,
last birthday)10 Under 1 Year
Months; Days11 Under 24 Hours
Hours; Min.

76

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

House wife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Austria

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Jacob

14. MOTHER'S MAIDEN NAME

Yetta

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Lilian Folland - Same

18. 470.0 I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

arteriosclerosis (heart disease)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Paralyzed arteriosclerosis

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?22. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-24-51, to 11-15-51, that I last saw the
deceased alive on 11-15-51, and that death occurred at 6 A. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 16 1951

VS 150

935

2700 Ed Ave
Humboldt

212
51 9882BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 9882
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

FELIX YUSKEVIEZ (P)

2. DATE
OF
DEATH

11-13-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF

(If not in hospital or institution, give street address or

HOSPITAL OR
INSTITUTION

location)

1238 GLYNDON AVE

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTIMORE

21-02

C. Length of stay in Baltimore

40

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

1238 GLYNDON AVE.

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

MAY 30, 1890

9. AGE (In years

last birthday)

61

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

TAILOR

10B. KIND OF BUSINESS OR
INDUSTRY

COAT-MAKER

11. BIRTHPLACE (State or foreign country)

LITHUANIA

12. CITIZEN OF

WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

KAZIMIERAS YUSKEVIEZ (M)

14. MOTHER'S MAIDEN NAME

IZABEL GINAIČUTE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no (unknown)) (If yes, give war or dates of service)

NO

16. SOCIAL
SECURITY NO.

215-03-0052

17. INFORMANT

ADDRESS

VERA H. YUSKEVIEZ 1238 GLYNDON AVE

18. 527.1 I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Acute Pulmonary edema

3 days

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Cor Pulmonale

4 hr

DUE TO

(C)

Chronic Emphysema

15 hr +

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Sen. Arteriosclerosis

15 hr +

19A. DATE OF OPERATION

none

19B. MAJOR FINDINGS OF OPERATION

21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

none

21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

none

21E. INJURY OCCURRED

m.

WHILE AT
WORKNOT WHILE
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/30, 1949, to 11/13, 1951 that I last saw the
deceased alive on 11/12, 1951 and that death occurred at 10:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Maurice Feldman

M. D.

23B. ADDRESS

J. H. Latrobe, Charles St

23C. DATE SIGNED

11/15/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Buried

24B. DATE

11/16/51

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer

24D. LOCATION (City, town, or county)

Belair Rd.

(State)

MD

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

W. W. Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Chas. W. F. A. AUSKAS 703 MCHENRY ST.

NOV 16 1951

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312
51 9883BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 9883
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Estella Woodfork		2. DATE OF DEATH Nov. 12, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) 212 Dolphin St.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 11-04	
C. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 212 Dolphin St.	
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH July 16, 1875
9. AGE (In years last birthday) 76		10. Under 1 Year Months Days 11. Under 24 Hours Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic		10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Virginia		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13. FATHER'S NAME Nelson Bailey		14. MOTHER'S MAIDEN NAME Estella Jones	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Mr. George Woodfork		ADDRESS 212 Dolphin St.	

18. 420.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH Antenatal Heart Disease	INTERVAL BETWEEN ONSET AND DEATH ?
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) (C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 4/5/51 , 19__, to 4/12/51 , 19__, that I last saw the deceased alive on 4/11/51 , and that death occurred at __ m., from the causes and on the date stated above.					
23A. SIGNATURE W. G. Gorman		23B. ADDRESS 75 S Gay St		23C. DATE SIGNED 11/15/51	

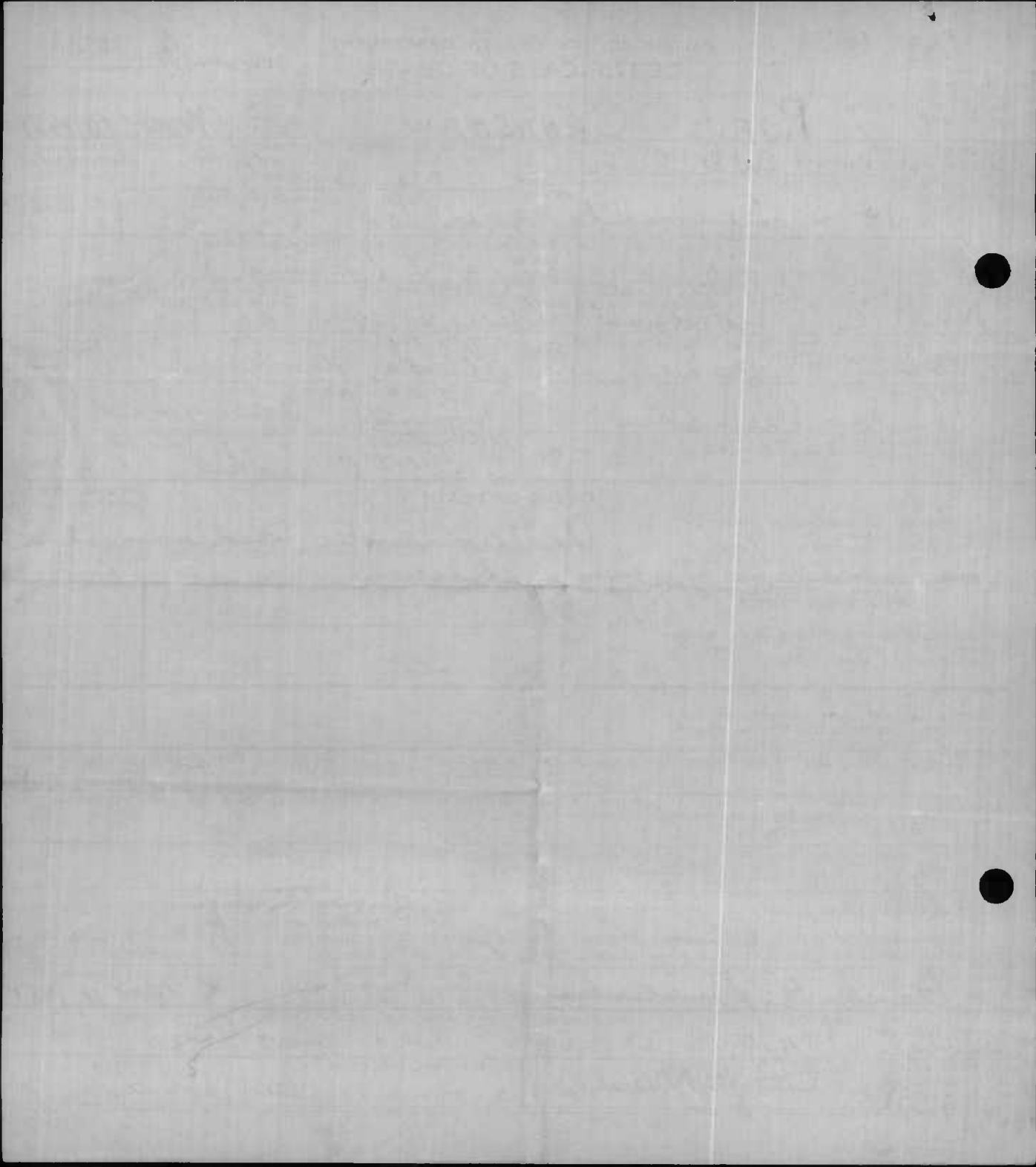
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 11-16-51	24C. NAME OF CEMETERY OR CREMATORY Mt. Calvary Cem	24D. LOCATION (City, town, or county) (State) Anne Arundel Co., Md.
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DATE RECEIVED BY LOCAL REGISTRAR NOV 16 1951	REGISTRAR'S SIGNATURE Wm. J. Williams	25. FUNERAL DIRECTOR Miss Frances A. Hunsley	ADDRESS 378 W. Bladell St.
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VALLEY
CONGRESS
1901

652 51 9884		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		51 9884 Registered No.	
BIRTH NO.					
1. NAME OF DECEASED (Type or Print) RUFUS CRENSHAW			2. DATE OF DEATH Nov 10, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. City			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland		
B. FULL NAME OF (If not in hospital or institution, give street address or location) 14 S. Spring St.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto. 3-01		
C. Length of stay in Baltimore 40 yrs.			D. STREET ADDRESS (If rural, give location) 14 S. Spring St.		
5. SEX M	6. COLOR OR RACE C	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Aug. 15, 1871	9. AGE (In years last birthday) 80	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Seaman			10B. KIND OF BUSINESS OR INDUSTRY on General		
11. BIRTH PLACE (State or foreign country) Raleigh N.C.			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME Charles Crenshaw			14. MOTHER'S MAIDEN NAME Joanah Crenshaw		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) no			16. SOCIAL SECURITY NO.		
17. INFORMANT Wilbert Crenshaw			ADDRESS 14 S. Spring St.		
18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic Cardiovascular Disease			INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry , find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE Stanley H. Dunsen		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED Nov 11, 1951	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 11/16/51		24C. NAME OF CEMETERY OR CREMATORY mt Calvary Ceme.	
24D. LOCATION (City, town, or county) (State) Brooklyn Ind		24E. DATE RECEIVED BY LOCAL REGISTRAR Nov 16, 1951		24F. REGISTRAR'S SIGNATURE Wilmington Williams, M.D.	
24G. FUNERAL DIRECTOR Chas. S. Wilson		24H. ADDRESS 1000 Brooklyn		24I. 931	

MEDICAL CERTIFICATION



236, 51 9885

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

51 9885

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mrs. Emma Elizabeth Richter

2. DATE
OF
DEATH Nov. 14, 19513. PLACE OF DEATH:
A. Baltimore City, MarylandB. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

St. Joseph's Hospital

C. Length of stay in Baltimore

Life

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Married

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Hwfe.

10B. KIND OF BUSINESS OR INDUSTRY

Own Home

13. FATHER'S NAME

Andrew Meise

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

8. DATE OF BIRTH

Sept. 6, 1882

9. AGE (in years last birthday)

69

11 Under 1 Year
Months Days11 Under 24 Hours
Hours Min.

11. BIRTHPLACE (State or foreign country)

Fullerton, Md.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

14. MOTHER'S MAIDEN NAME

Barbara Sippel

17. INFORMANT

ADDRESS

Mr. George J. Richter, 4417 Fullerton Ave

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Pneumonia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Hypertensive arteriosclerotic
cardio-vascular disease with hemi-
plegia, left.

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Diabetes Mellitus

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORKNOT WHILE
AT WORK

22. I hereby certify that I attended the deceased from 11/7/1951 to 11/14/1951 that I last saw the deceased alive on 11/14/51 and that death occurred at 10:20AM from the causes and on the date stated above.

23A. SIGNATURE

C. P. Coffey Jr.

M. O.

23B. ADDRESS

1400 N. caroline Street

23C. DATE SIGNED

11/14/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

11/17/51

Seasalen. Cem

Balto.

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

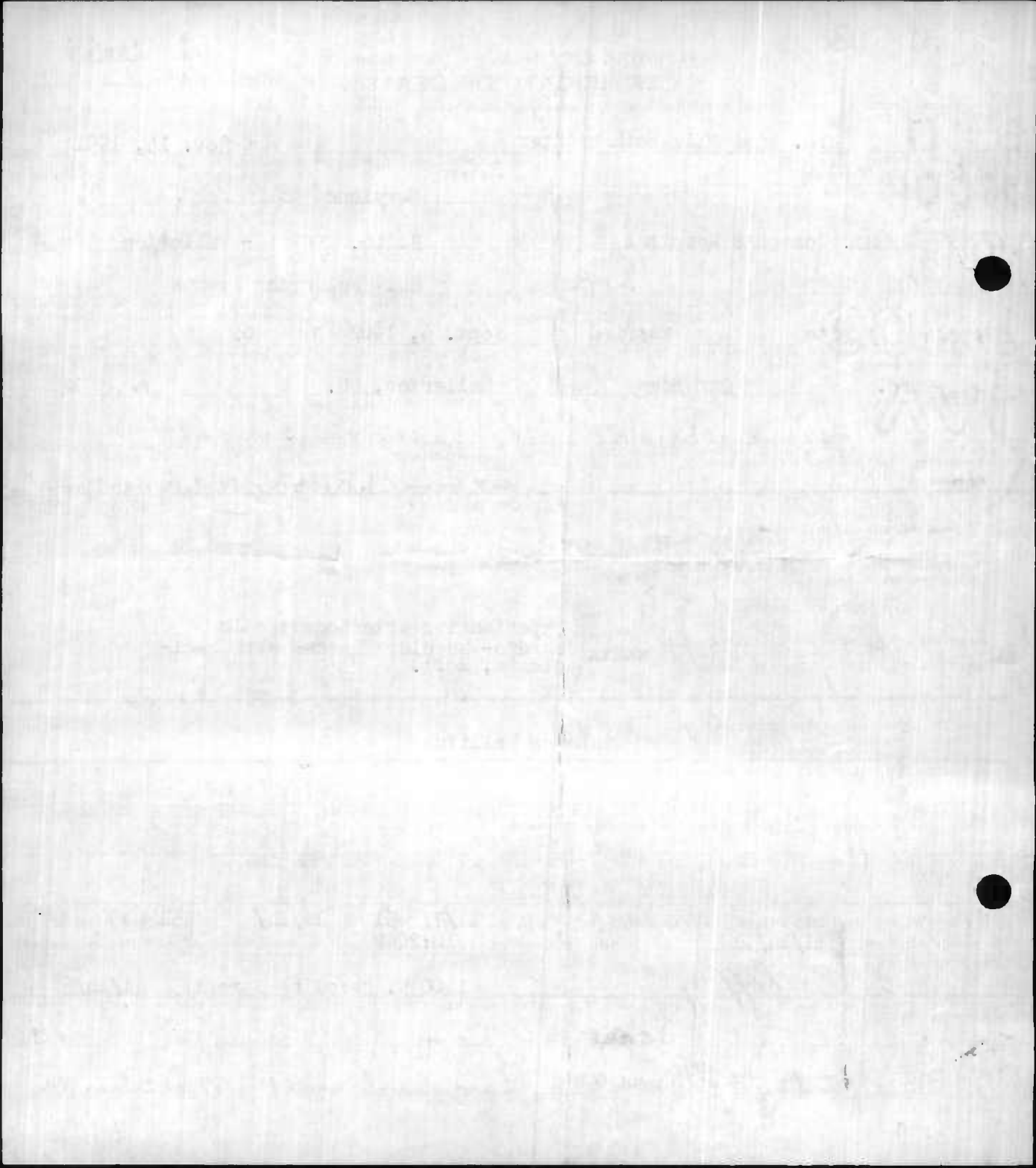
25. FUNERAL DIRECTOR

ADDRESS

NOV 16 1951

Huntington Williams, M.D.

Lassalier Funeral Home 7401 Balair Rd



51 9886

51 9886

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) Jennie Hines			2. DATE OF DEATH Nov. 15, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Baltimore, Md.		
B. FULL NAME OF (If not in hospital or institution, give street address or location) 1121 N. Lakewood Ave.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore, Md. 8-03		
C. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 1121 N. Lakewood Ave.		
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH April 22, 1883	9. AGE (In years last birthday) 68	11 Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife			10B. KIND OF BUSINESS OR INDUSTRY home		
13. FATHER'S NAME ?			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT Mr. Maurice Hines 25 W. West St.			ADDRESS		

18. 470.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary Thrombosis	CAUSE OF DEATH (A) Coronary Thrombosis DUE TO	INTERVAL BETWEEN ONSET AND DEATH 4 hours
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) _____ DUE TO (C) _____		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **1945** to **Nov 15, 1951** that I last saw the deceased alive on **Nov 12, 1951**, and that death occurred at **5 a.m.**, from the causes and on the date stated above.

23A. SIGNATURE **Harvey H. Kane M.D.** 23B. ADDRESS **2607 E. Preston St.** 23C. DATE SIGNED **11/16/51**

24A. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24B. DATE **Nov. 19, 1951** 24C. NAME OF CEMETERY OR CREMATORY **Oaklawn** 24D. LOCATION (City, town, or county) (State) **Baltimore, Md.**

DATE RECEIVED BY LOCAL REGISTRAR **NOV 16 1951** REGISTRAR'S SIGNATURE **Wintington Williams, M.D.** 25. FUNERAL DIRECTOR **John T. Stansbury** ADDRESS **2700 Edmondson Ave**

KANE
2607E PRESTON

13

51 9887

BALTIMORE CITY HEALTH DEPARTMENT

51 9887

CERTIFICATE OF DEATH

Registered No.

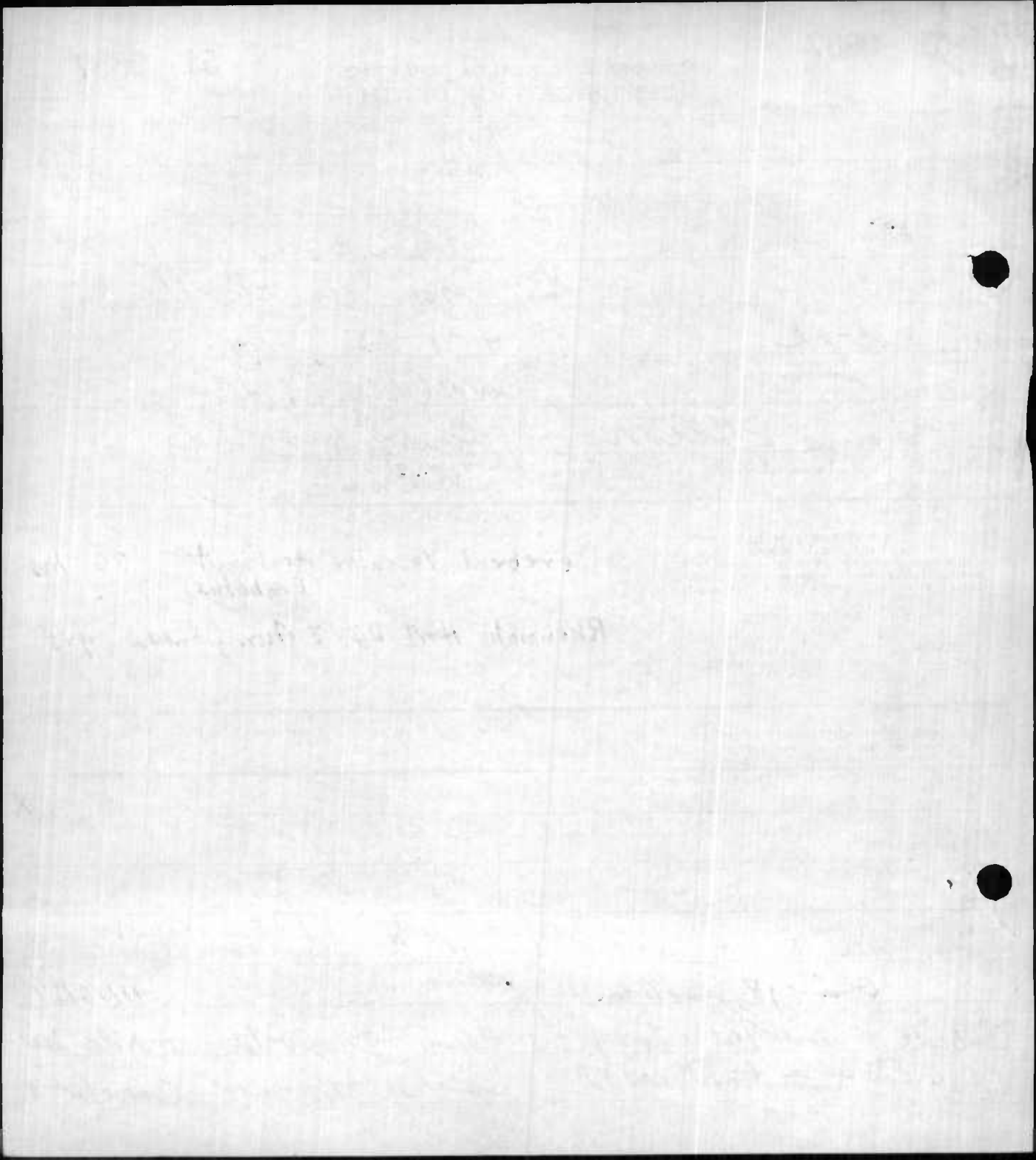
BIRTH NO.		2. DATE OF DEATH	
1. NAME OF DECEASED (Type or Print) <i>Annie Parker</i>		2. DATE OF DEATH <i>Nov. 15, 1951</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <i>Md</i> B. COUNTY <i>Anne Arundel</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Annapolis</i>	
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <i>1001 Smithville 5210</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>4-1-05</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Domestic</i>		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <i>46</i>
13. FATHER'S NAME <i>Louis Helton</i>		11. BIRTHPLACE (State or foreign country) <i>West River, A.A.Co.</i>	12. CITIZEN OF WHAT COUNTRY?
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		14. MOTHER'S MAIDEN NAME <i>Georgia Helton</i>	17. INFORMANT ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>

18. <i>416X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	CAUSE OF DEATH (A) <i>Cerebral Vascular Accident (Embolus)</i> DUE TO	INTERVAL BETWEEN ONSET AND DEATH <i>36 hrs</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) <i>Rheumatic Heart Dis. & Aur. fibrillation</i> DUE TO	<i>4 yrs</i>
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>0</i>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., In or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *11/14* ¹⁹⁵¹, to *11/15* ¹⁹⁵¹, that I last saw the deceased alive on *11/15* ¹⁹⁵¹, and that death occurred at *10:30 A.* m., from the causes and on the date stated above.

23A. SIGNATURE <i>Dudley P. Jackson</i>	23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	23C. DATE SIGNED <i>11/16/51</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Buried</i>	24B. DATE <i>Nov. 18, 1951</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Hopkins Cem</i>
24D. LOCATION (City, town, or county) (State) <i>Annapolis, Md</i>	25. FUNERAL DIRECTOR <i>J. B. Johnson</i>	ADDRESS <i>Annapolis</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>NOV 18 1951</i>	REGISTRAR'S SIGNATURE <i>Wm. Williams, M.D.</i>	



525
51 9888BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 9888

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

NELSON HENSON, JR.

2. DATE
OF
DEATH

NOV. 13, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR
INSTITUTION 1304 McCULLOH STREET

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE
MARYLAND

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

1304 McCULLOH STREET-17

c. Length of stay in Baltimore

LIFE

Yrs.
Mos.
Days

5. SEX

MALE

6. COLOR OR RACE

NEGRO

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

SINGLE

8. DATE OF BIRTH

Sept. 27, 1899

9. AGE (In years
last birthday)

52

If Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

CEMENT FINISHER

10B. KIND OF BUSINESS OR
INDUSTRY

CONTRACTOR

11. BIRTHPLACE (State or foreign country)

BALTIMORE, MARYLAND

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

NELSON HENSON, SR.

14. MOTHER'S MAIDEN NAME

BERTHA UNDERDO

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL
SECURITY NO.

216-12-3174

17. INFORMANT ADDRESS
EDNA LEWIS -1304 McCULLOH ST-17

18. 443X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)(A) Hypertensive Cardio-vascular Disease
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Gen. Hypertension
DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Malnutrition

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 11, 1951, to Nov 13, 1951, that I last saw the
deceased alive on Nov 13, 1951, and that death occurred at 4:30 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

1325 W. Linnell St.

11/15/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

Nov. 17, 1951

24C. NAME OF CEMETERY OR CREMATORY

Arbutus Mem. Park Arbutus, Md.

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

FURNERAL DIRECTOR

ADDRESS

NOV 16 1951

Charles R. Law, M.D.

Charles R. Law - 802 Madison Ave
Baltimore, Md.

I

I-

I-

51 9889

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 9889

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)*Mary M. Thomas*2. DATE
OF
DEATH*Nov 14, 1951*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION*2032 Druid Hill Ave*Yrs.
Mos.
Days

C. Length of stay in Baltimore

5. SEX

F

6. COLOR OR RACE

*Col.*7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)*Widow*

8. DATE OF BIRTH

*May 1, 1862*9. AGE (In years
last birthday)*89*

If Under 1 Year

Months Days

If Under 24 Hours

Hours Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

*Wilmington N. C.*12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Charles Mallitte

14. MOTHER'S MAIDEN NAME

*Jane Mills*15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

*Nesadra Thomas 2032 Druid Hill Ave*18. *422.1 I*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

cerebral Hemorrhage

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH*3 days*

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

*arterio sclerotic cardiovascular
Disease*

DUE TO

7 yrs

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT

NOT WHILE

WORK ☐AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *July 11, 1946* to *Nov. 14, 1951*, that I last saw the
deceased alive on *Nov. 13, 1951*, and that death occurred at *10 Am.*, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

*James M. Fair**400 N. Carrollton Ave**11.16.51*24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

*Nov 16 1951**Wilmington Williams, Md**Mrs. Robt. A. Elliott & Daughter*

VS 150

938 1/2 977. Caroline St.

MEDICAL CERTIFICATION

VALLEY
CONFERENCE
BONNIE

400

51 9890

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 9890

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)*Anna M. Hilk*2. DATE
OF
DEATH*Nov-12-1951*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

*MARYLAND 96-03*B. FULL NAME OF (If not in hospital or institution, give kind of hospital or institution)
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)*3706 NORTANIA ROAD.**Baltimore City*

C. Length of stay in Baltimore

*Life.*Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

3123 KENTUCKY AVE.

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE in years
last birthdayIf Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

*No**No**James H. Hilk Jr.**Same*18. *171X* CAUSE OF DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

*Carcinoma of Intestines*INTERVAL BETWEEN
ONSET AND DEATH*1 yr.*

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORKNOT WHILE
AT WORK22. I hereby certify that I attended the deceased from *Feb 10*, 1951, to *Nov 12*, 1951, that I last saw the deceased alive on *Nov 12*, 1951, and that death occurred at *8:11* a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Harry Lehman

M. O.

*2322 Callow Ave**Nov. 15, 1951*24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

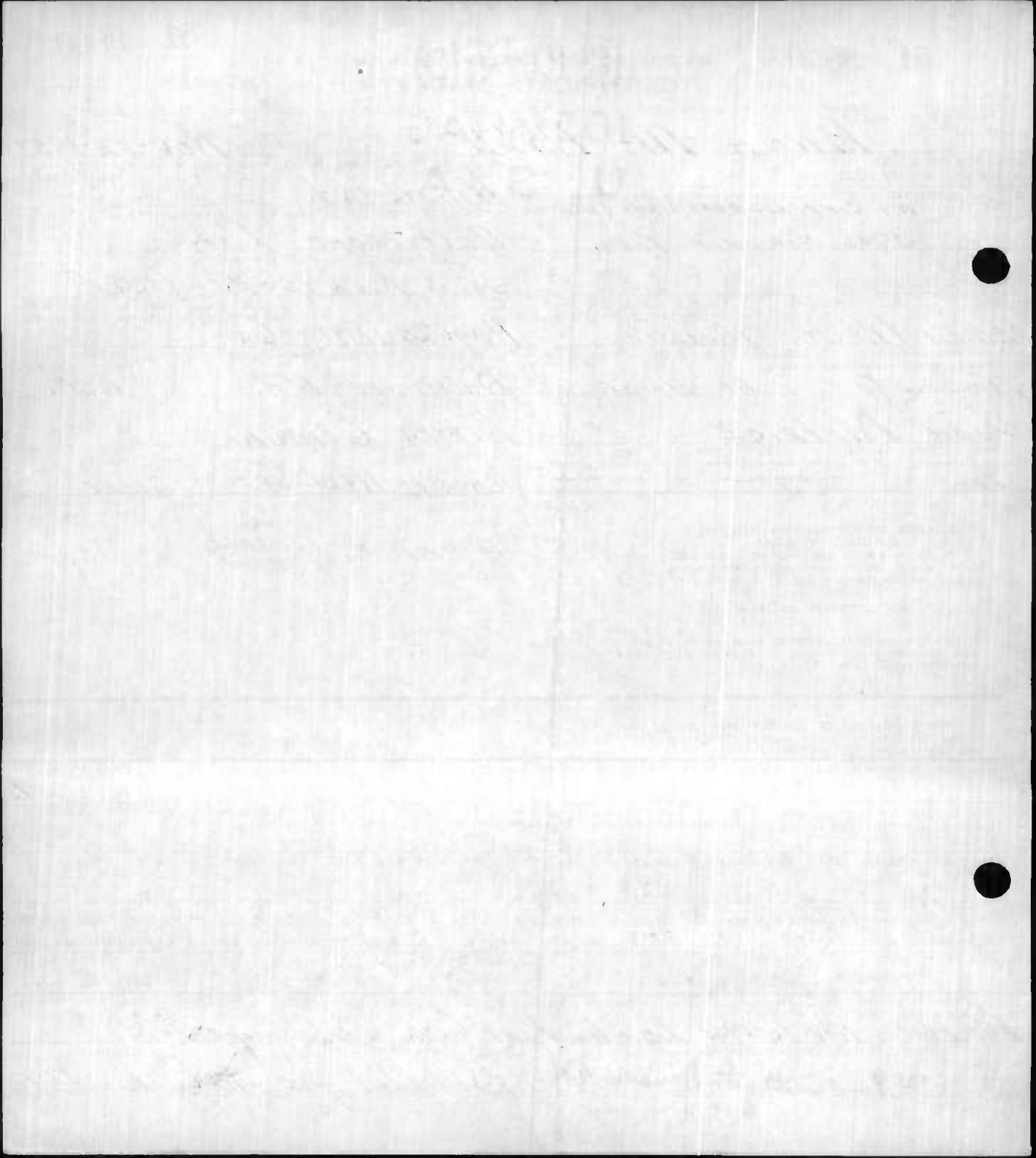
ADDRESS

*NOV 16 1951**William Williams, M.D.**J. R. Whippert & Son, 800 Eutaw Pl. 17*

VS 150

48a

MEDICAL CERTIFICATION



51 9891

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 9891

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)2. DATE
OF
DEATH

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution, residence
before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
location)

HOSPITAL OR INSTITUTE JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

D. STREET ADDRESS (If rural, give location)

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)10. Under 1 Year
Months Days
11. Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT ADDRESS

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from 5/3, 1951, to 11/15, 1951, that I last saw the
deceased alive on 11/15, 1951, and that death occurred at 8 A. M., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

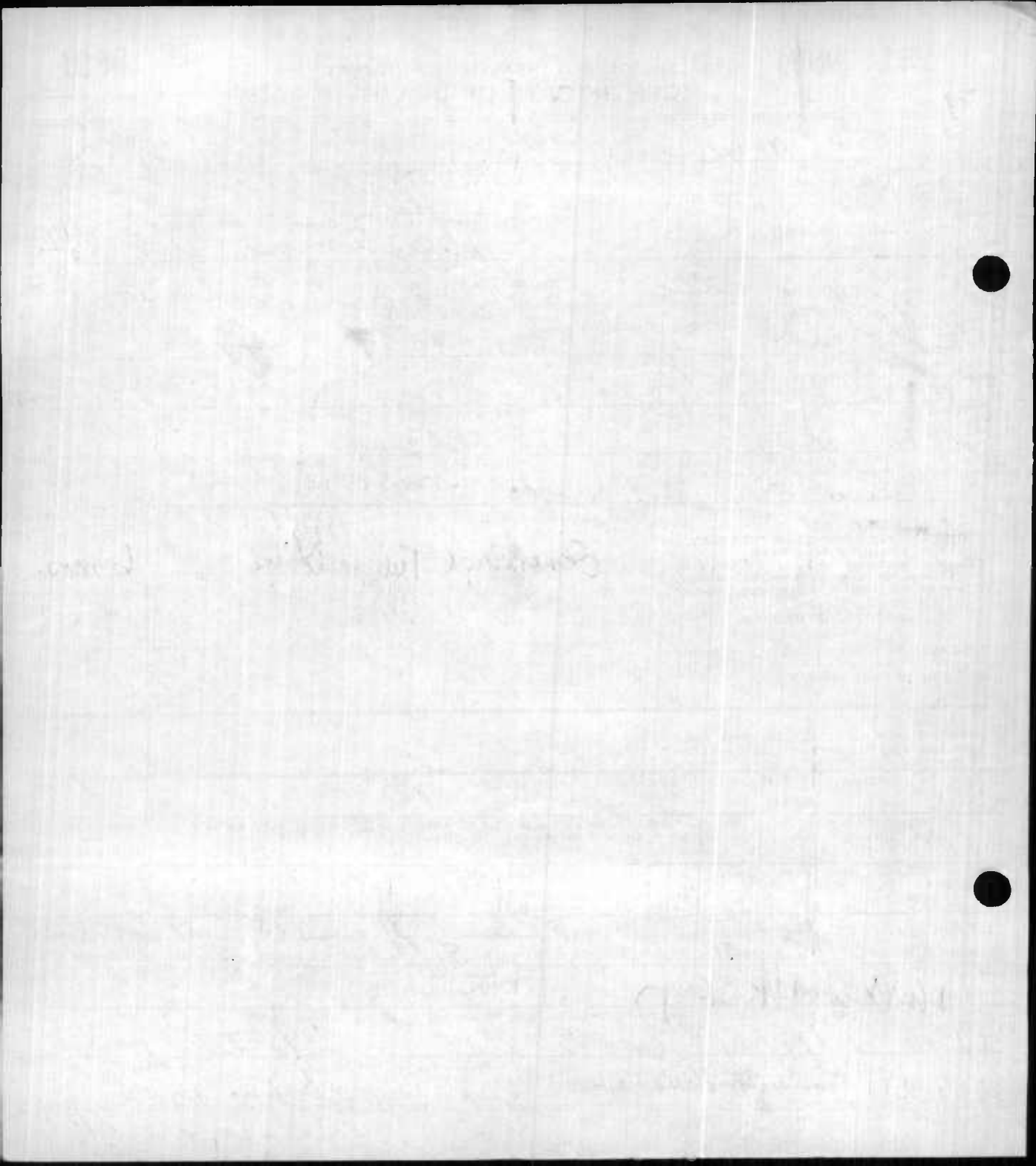
DATE RECEIVED BY

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 16 1951



650
51 9892

Certificate Corrected 11/27/51 ES

51 9892

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Amos Brown

2. DATE
OF
DEATH

November 14/1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore 14-03

D. STREET ADDRESS (If rural, give location)

566 Presatman St.

C. Length of stay in Baltimore

49 yrs.

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

male

Colored

married

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

Orderly

Hospital

13. FATHER'S NAME

Irvin A. Brown

8. DATE OF BIRTH

2-23-02

9. AGE (In years last birthday)

49

11 Under 1 Year
Months Days11 Under 24 Hours
Hours Min.

11. BIRTHPLACE (State or foreign country)

Baltimore, Md. U. S. A.

12. CITIZEN OF
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Rachel Cooper

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18.

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Rheumatic heart disease

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

20 years

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

Unknown

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

INJURY

WHILE AT
WORKNOT WHILE
AT WORK

22. I hereby certify that I attended the deceased from 11-2, 1951, to 11-14, 1951, that I last saw the deceased alive on 11-14, 1951, and that death occurred at 10:10 P. M., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 16 1951

VS 150

730 ST

95B

11/27/51

See Document File 51 9892

for letter from Dr. John C. Harvey, Asst Resident in authorization,
Johns Hopkins Hospital

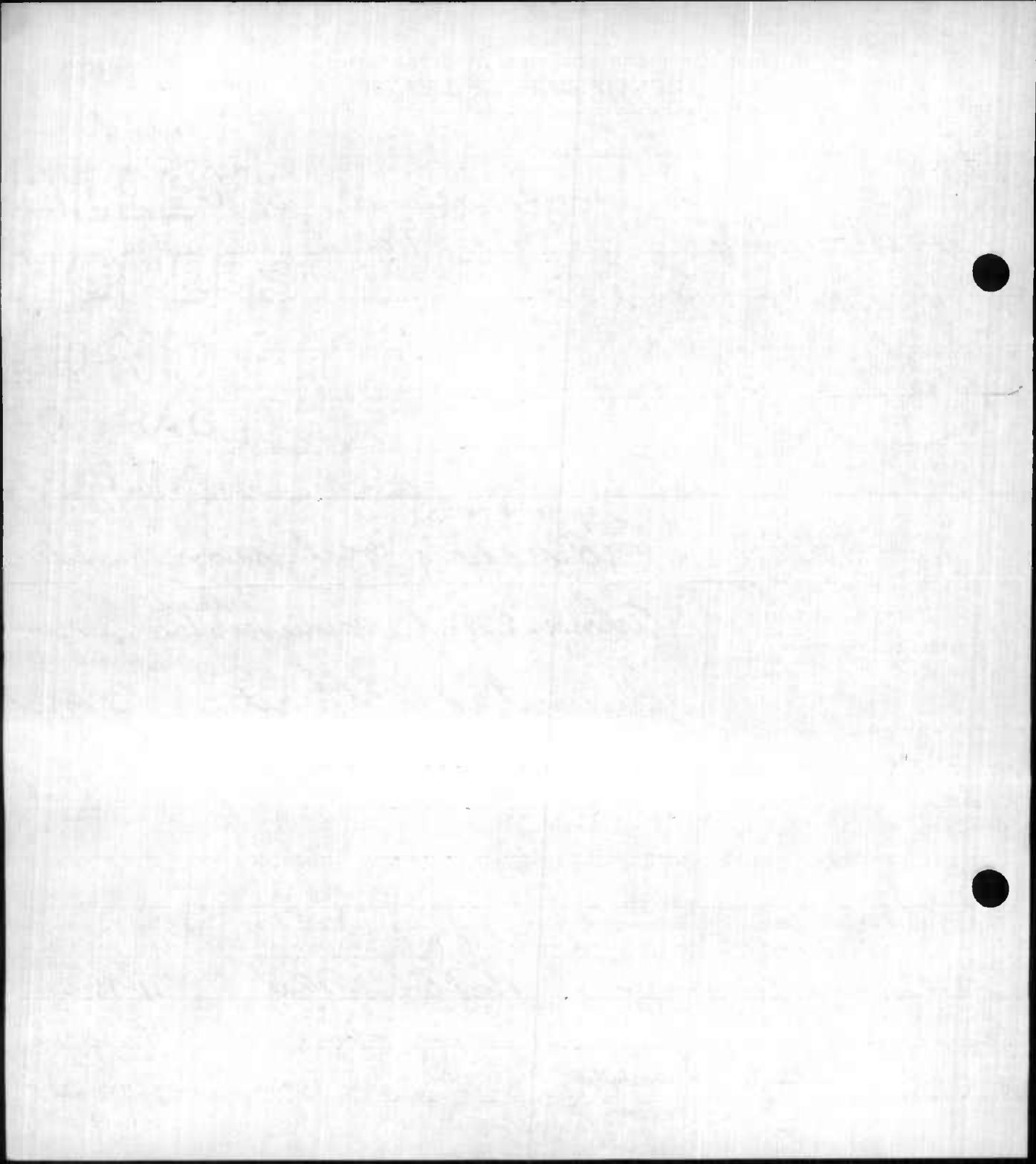
W. Steman

152
51 9893

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 9893
Registered No.

BIRTH NO.				1. NAME OF DECEASED (Type or Print) THOMAS M CLINGAN				2. DATE OF DEATH 11/16/51			
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY BALTO.							
B. FULL NAME OF HOSPITAL OR INSTITUTION RAYEIGH 1223 Raleigh Way				C. CITY OR TOWN RAYEIGH WAY (If rural, give location and township) 1223 Raleigh Way - BALTO.							
C. Length of stay in Baltimore 17 mo				D. STREET ADDRESS (If rural, give location) RAYEIGH WAY 26-36							
5. SEX M		6. COLOR OR RACE W		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH April 5, 1881		9. AGE (in years last birthday) 70		10. Under 1 Year Months: Days Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Caretaker				10B. KIND OF BUSINESS OR INDUSTRY City Hospital				11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Unknown				14. MOTHER'S MAIDEN NAME Sannah Clingan				15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) No			
16. SOCIAL SECURITY NO. None				17. INFORMANT ADDRESS Mrs. J. S. Brooks, 1223 Raleigh Way Balto Md							
18. 470.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary occlusion DUE TO Arterio-Sclerotic Cardio-Vascular disease INTERVAL BETWEEN ONSET AND DEATH 2 yrs				19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Rheumatoid Arthritis DUE TO 3 yrs							
19A. DATE OF OPERATION 0				19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)				21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)				21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY				21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from July 1 , 1951, to Nov 16 , 1951, that I last saw the deceased alive on Nov 16 , 1951, and that death occurred at 8 A m., from the causes and on the date stated above.											
23A. SIGNATURE William Gaudner M. D.				23B. ADDRESS Balto 6 Md				23C. DATE SIGNED 11-16-51			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial				24B. DATE 11/19/51		24C. NAME OF CEMETERY OR CREMATORY Reformed Cemetery		24D. LOCATION (City, town, or county) (State) Anneytown Maryland			
DATE RECEIVED BY LOCAL REGISTRAR NOV 16 1951				REGISTRAR'S SIGNATURE Wilmington Williams, Md				25. FUNERAL DIRECTOR ADDRESS C. O. Juss & Son Anneytown Md.			



51 9894

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 9894

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) WILBUR MARTIN ROHRBACK			2. DATE OF DEATH Nov. 16, 1957		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE MARYLAND B. COUNTY 15-10		
B. FULL NAME OF (If not in hospital or institution, give street address or location) 3810 Cold Spring Lane			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE - 15-		
C. Length of stay in Baltimore 54 Yrs. <input type="checkbox"/> Mos. <input type="checkbox"/> Days			D. STREET ADDRESS (If rural, give location) 3810 Cold Spring Lane		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH August 6, 1897	9. AGE (In years last birthday) 54	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machineist			10B. KIND OF BUSINESS OR INDUSTRY Shade + Drapery		
11. FATHER'S NAME Martin E. Rohrbach			12. CITIZEN OF WHAT COUNTRY? U. S.		
13. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No			14. SOCIAL SECURITY NO. 215-03-5073		
15. FATHER'S NAME Martin E. Rohrbach			16. MOTHER'S MAIDEN NAME Elenore Wilson		
17. INFORMANT Mrs. Emma Rohrbach			ADDRESS 3810 Cold Spring Lane		

18. 416 X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Rheumatic cardiovascular disease	CAUSE OF DEATH Rheumatic cardiovascular disease	INTERVAL BETWEEN ONSET AND DEATH 25 years
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II	(A) DUE TO	
	(B) DUE TO	
	(C) DUE TO	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION Nov 8 1957	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) Neither	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **No number, 1949**, to **November, 1957**, that I last saw the deceased alive on **Nov 8 1957** and that death occurred at **8 A. m.**, from the causes and on the date stated above.

23A. SIGNATURE
William T. Traylor Jr. M. D. 23B. ADDRESS
3400 Woodbine Ave. Balt. 21M 23C. DATE SIGNED
11/16/57

24A. BURIAL, CREMATION, REMOVAL (Specify)
Burial 24B. DATE
Nov. 19, 1957 24C. NAME OF CEMETERY OR CREMATORY
Lorraine Cemetery 24D. LOCATION (City, town, or county) (State)
Woodlawn, Md.

DATE RECEIVED BY LOCAL REGISTRAR
NOV 16 1957 REGISTRAR'S SIGNATURE
William T. Traylor Jr. 25. FUNERAL DIRECTOR
F. W. Lawrence ADDRESS
4510 Liberty Heights Ave.

51 9895

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 9895

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Ella May Todd

2. DATE
OF
DEATH

Nov 12 - 51

3. PLACE OF DEATH:

A. Baltimore City, Maryland BALTIMORE

B. FULL NAME OF (If not in hospital or institution, give street address or hospital or institution)

THE HAVEN REST HOME
4515 GARRISON AVE

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE MARYLAND B. COUNTY BALTIMORE

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

3503 Powhatan Ave

C. Length of stay in Baltimore

LIFE

5. SEX

W-

6. COLOR OR RACE

F.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

MARCH 16 1867

9. AGE (In years
last birthday)

84

10. Under 1 Year
Months Days11. Under 24 Hours
Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

AT HOME

10B. KIND OF BUSINESS OR INDUSTRY

NONE

11. BIRTHPLACE (State or foreign country)

EMMORTON HOWARD COUNTY

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

DALLAS

14. MOTHER'S MAIDEN NAME

CAROLINE KLINE SMITH

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

NONE

17. INFORMANT

ADDRESS

EDITH TODD SAULSBURY

18. 443X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Hypertensive - Cardio - many
vascular disease years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) DUE TO
(C)

arteriosclerosis

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY
YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from

1949 to Nov 8, 1951, that I last saw the
deceased alive on Nov 8, 1951, and that death occurred at 6 P. m., from the causes and on the date stated above.

23A. SIGNATURE

William J. Sullivan

23B. ADDRESS

2911 Harrison Blvd

23C. DATE SIGNED

Nov 14 - 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Nov 15, 51

LONDON PARK

BALTIMORE

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Tunstington Williams, M.D.

E. E. Smith, Cremat

518 Gwynn Oak Ave.

NOV 16 1951

DR. SULLIVAN 2911 GARRISON

362

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 9896
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Catherine P. Niederhauser

2. DATE
OF
DEATH

November 15-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland 811 Wilbert Ave

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

811 Wilbert Ave

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

January 29, 1895

9. AGE (In years
last birthday)

76

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Tailoring Work

10B. KIND OF BUSINESS OR
INDUSTRY

Gals Clothes

11. BIRTHPLACE (State or foreign country)

Baltimore Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

212-03-7106 Mrs. Blatney 811 Wilbert Ave

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

Left Cerebral Thrombosis

3 days

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Cardio-Renal-Vascular Disease

4 mo

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from June 11, 1951, to Nov. 15, 1951, that I last saw the
deceased alive on Nov 15, 1951, and that death occurred at 6:50 P. M., from the causes and on the date stated above.

23A. SIGNATURE

J. H. Wilson

M. D.

23B. ADDRESS

617 N. 40th St

23C. DATE SIGNED

11-16-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

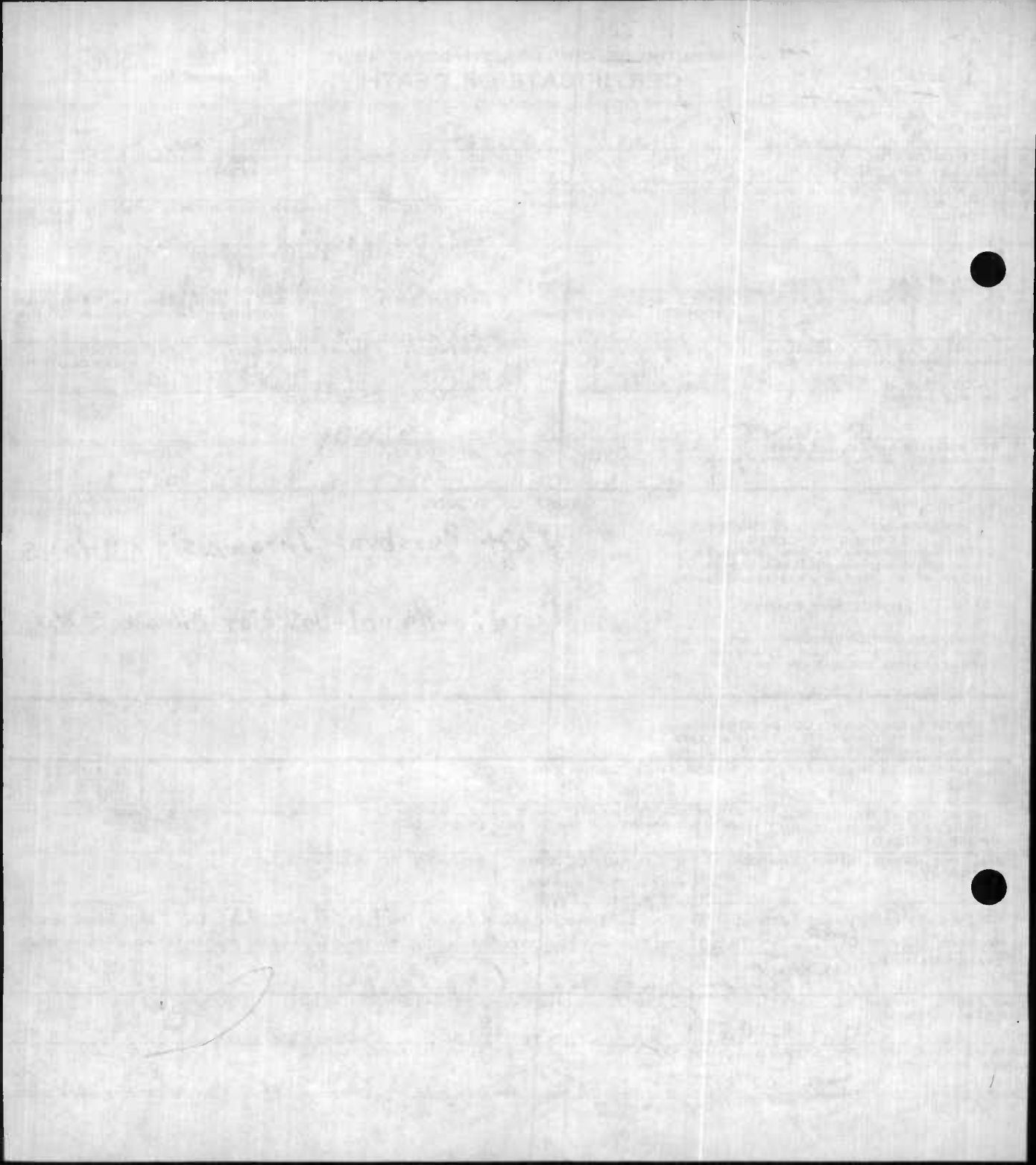
VS 150

Huntington Williams, M.D.

John C. Mellertine 2425 E. Olney St

131a

MEDICAL CERTIFICATION



462
51 9897

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 9897
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ALBERT W. CLARK SR.

2. DATE
OF
DEATH

NOV. 15, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland 117 N. MONTFORD AVE.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTIMORE

9-03

c. Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

117 N. MONTFORD AVE.

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday)

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

CLERK - SANITATION DEPT CITY OF BALTO.

BALTIMORE MD

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

CHARLES B. CLARK

EMMA JANE COOK

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

217-05-7244 ALBERT W. CLARK JR. 117 N. MONTFORD AVE.

18. 581.0

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

Conhosis of heart

011 24

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐

NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 16 April, 1951, to 15 Nov., 1951, that I last saw the deceased alive on 15 Nov., 1951, and that death occurred at 7:41 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

1513 N. M. It w. Thw

15 Nov 51

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

BURIAL

11-19-51

HOLY REDEEMER

BALAIR RD. BALTO. MD

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

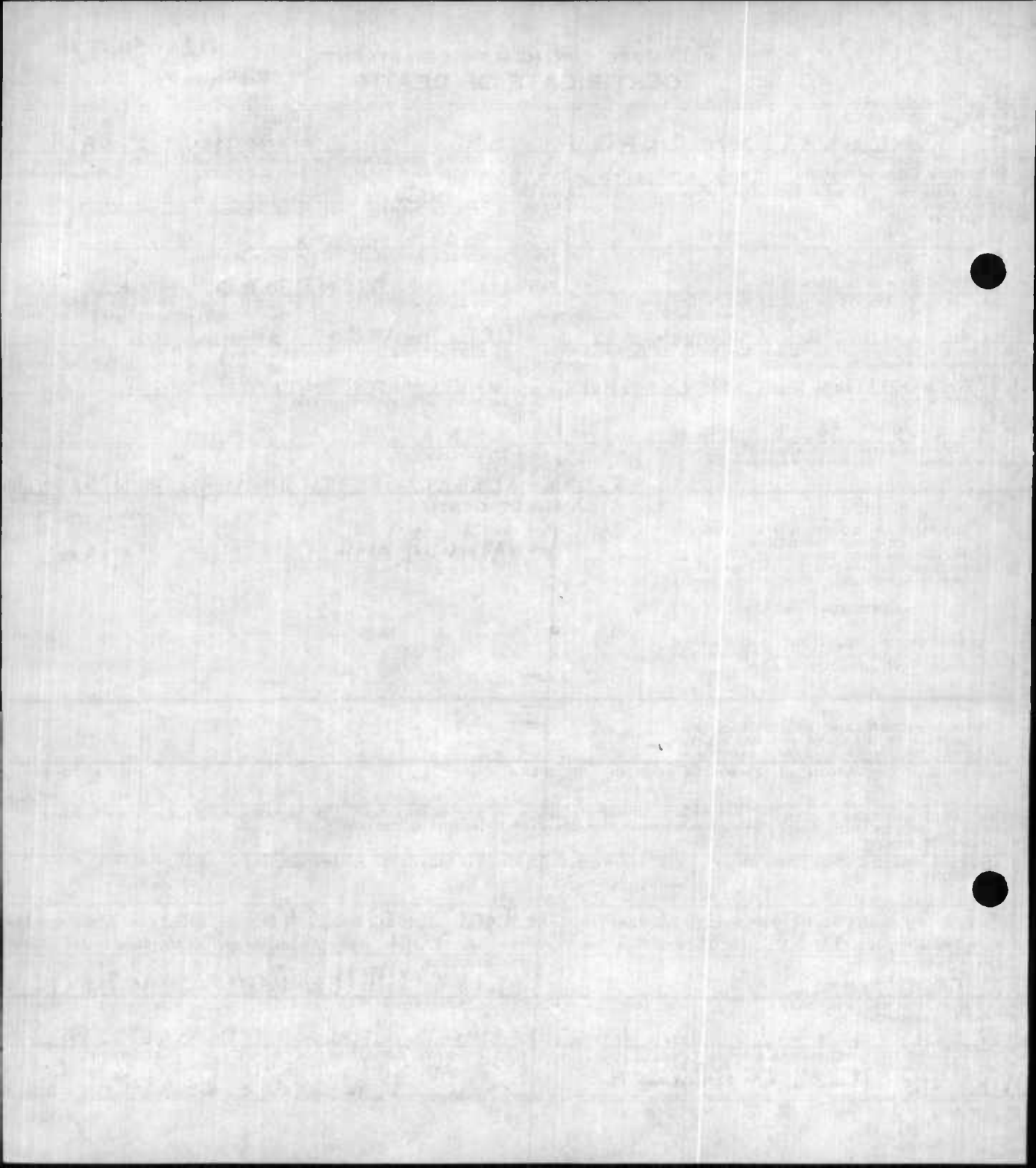
25. FUNERAL DIRECTOR

ADDRESS

NOV 16 1951

Huntington Williams, MD

John D. Mally Inc. 2435 E. Olney St



-560

51 9898

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 9898

BIRTH NO.		1. NAME OF DECEASED (Type or Print) Pauline Wiener (or) Wenner		2. DATE OF DEATH Nov. 16-51	
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto.		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Md. B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION 120 S. Durham St.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto 2-02			
C. Month of stay in Baltimore 43 yrs.		D. STREET ADDRESS (If rural, give location) 120 S. Durham St.			
5. SEX F.	6. COLOR OR RACE W.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Oct. 27-1872	9. AGE (In years last birthday) 79	If Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10B. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (State or foreign country) Germany	12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME Joh. Herzog			14. MOTHER'S MAIDEN NAME Ernestine Herzog		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Theresa Wiener 120 S. Durham St	
18. 470.01 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Chronic nephritis		(A) DUE TO		INTERVAL BETWEEN ONSET AND DEATH 3 days.	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Arteriosclerotic heart disease		(B) DUE TO			
(C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Nov 13 , 19 51 , to Nov 16 , 19 51 , that I last saw the deceased alive on Nov 16 , 19 51 , and that death occurred at 3:45 PM , from the causes and on the date stated above.					
23A. SIGNATURE W. C. Chubb		23B. ADDRESS 1116 St Paul St		23C. DATE SIGNED 11/16/51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Nov. 20-51		24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer	
24D. LOCATION (City, town, or county) (State) Baltimore		24E. FUNERAL DIRECTOR Dippel Bros.		24F. ADDRESS 1800 E. Lombard St.	
DATE RECEIVED BY LOCAL REGISTRAR NOV 16 1951		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR ADDRESS Dippel Bros. 1800 E. Lombard St.	

$D_f = \frac{1}{2} \left(\frac{1}{\rho} + \frac{1}{\sigma} \right)$

50
51 9899BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 9899
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Dalrymple Parran

2. DATE
OF
DEATH

Nov 15/57

3. PLACE OF DEATH:

A. Baltimore City, Maryland 17087 Calvert

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

at home

C. Length of stay in Baltimore

85 yrs.

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

retired

10B. KIND OF BUSINESS OR INDUSTRY

clerk

13. FATHER'S NAME

Wm. J. Parran

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, or unknown) (If yes, give war or dates of service)

no

no

16. SOCIAL SECURITY NO.

none

8. DATE OF BIRTH

Nov 18/1861

9. AGE (in years last birthday)

89

11 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Calvert Co. Md.

12. CITIZEN OF WHAT COUNTRY?

U.S.

14. MOTHER'S MAIDEN NAME

Sarah R. Bourne

CAUSE OF DEATH

18. 422.1 I
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

(B)

DUE TO

(C)

Caugestine Heart Failure
Arterio Sclerosis
MyocarditisINTERVAL BETWEEN
ONSET AND DEATH

5 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 8 p 1940, to Nov 15, 1957, that I last saw the deceased alive on 11-15-1957 and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

J. H. Heady

M. O.

23B. ADDRESS

1403 Park Ave

23C. DATE SIGNED

11-16-57

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

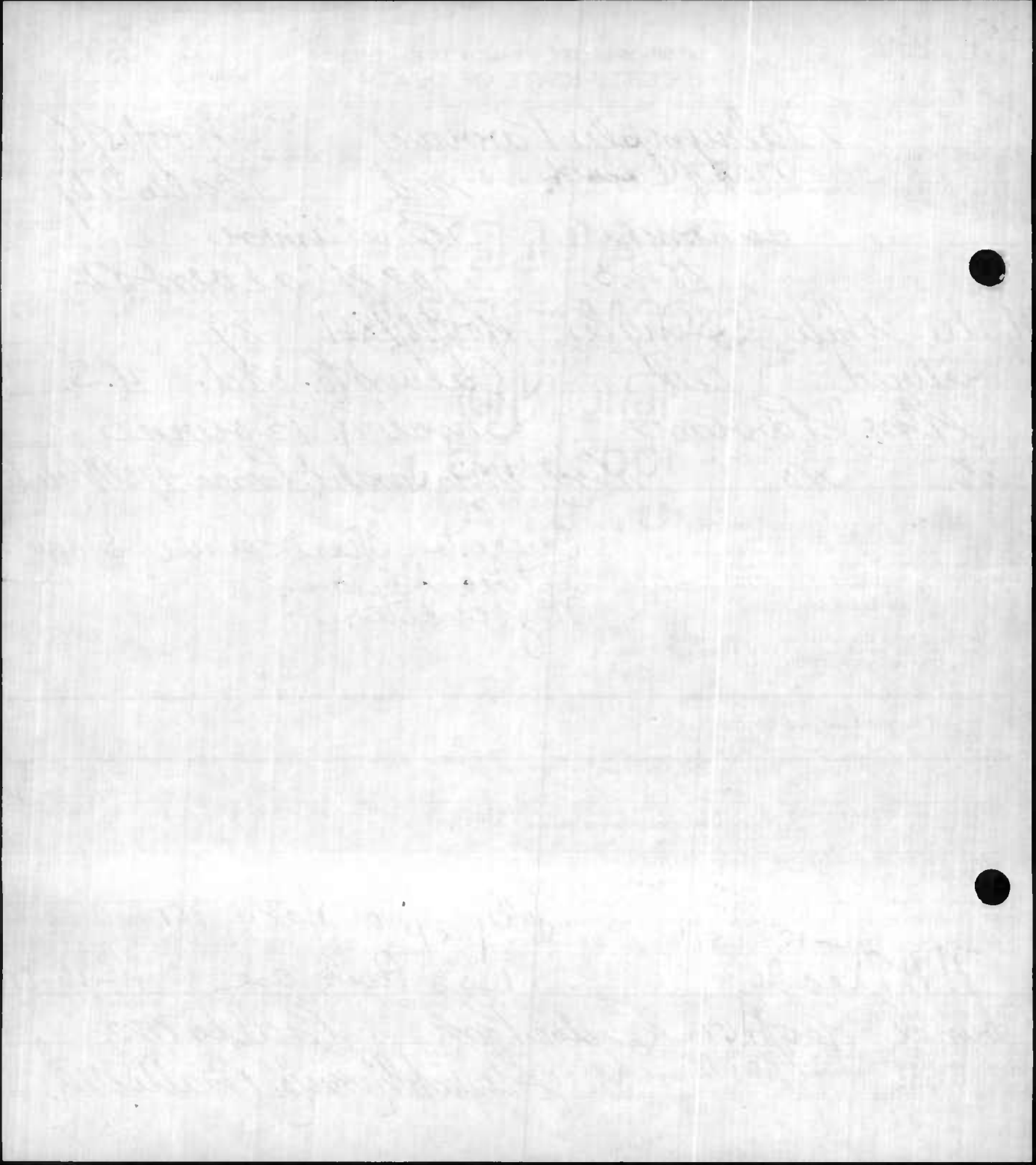
REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Huntington Williams, M.D.



232

51 9900

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 9900

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Andrew Maurice Eastwick			2. DATE OF DEATH Nov-15-1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland Wyman Park Apts.			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore City		
B. FULL NAME OF (If not in hospital or institution, give street address or location) at home			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore City		
C. Length of stay in Baltimore nearly 45 years			D. STREET ADDRESS (If rural, give location) Wyman Park Apts. 13-07		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct-20-1885	9. AGE (In years last birthday) 66	10. Under 1 Year Months Days 11. Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired			10B. KIND OF BUSINESS OR INDUSTRY Auto Business		
13. FATHER'S NAME Andrew M. Eastwick (Phila.Pa.)			12. CITIZEN OF WHAT COUNTRY? U. S. A.		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No			16. SOCIAL SECURITY NO. 216-18-7310		
17. INFORMANT ADDRESS Mrs. Estelle Stinson Eastwick (wife) Balto.			14. MOTHER'S MAIDEN NAME Martha MacIlvain (Phila.Pa.)		

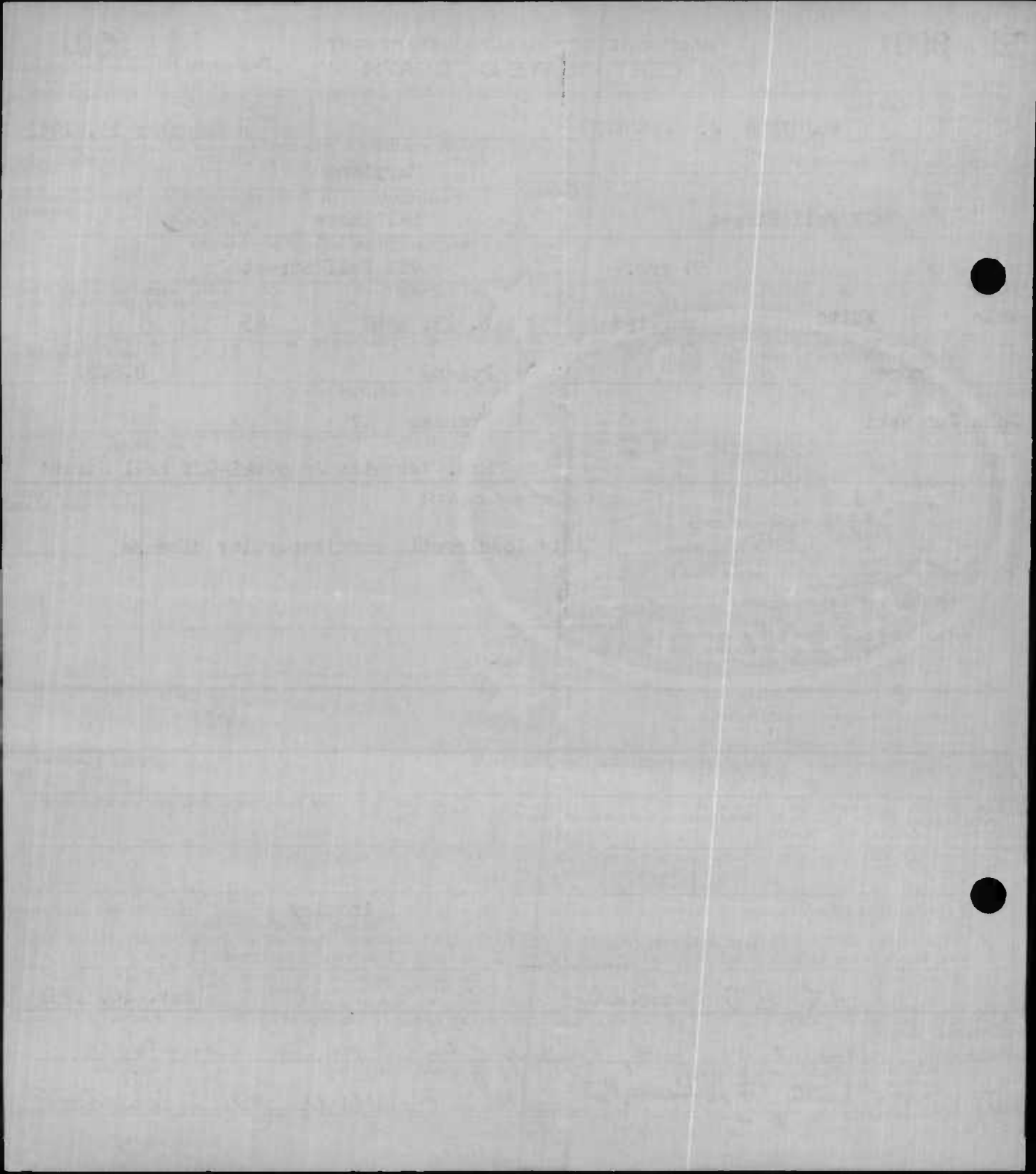
18. 331X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)	CAUSE OF DEATH (A) Cerebral Vascular accident DUE TO	INTERVAL BETWEEN ONSET AND DEATH 2 months
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) Arteriosclerosis DUE TO	5 yrs
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	(C) Hypertension	5 yrs

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 1931 , 19, to 11/15/51 , 19, that I last saw the deceased alive on 11/15/51 , 19, and that death occurred at 4:40 m., from the causes and on the date stated above.					
23A. SIGNATURE Francis M. Gluck		23B. ADDRESS 3406 St Paul St		23C. DATE SIGNED 11/15/51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Nov-17-1951	24C. NAME OF CEMETERY OR CREMATORY West Laurel Hill	24D. LOCATION (City, town, or county) (State) Philadelphia, Penna.		
DATE RECEIVED BY NOV 18 1951		REGISTRAR'S SIGNATURE Huntington Williams, Jr.		25. FUNERAL DIRECTOR ADDRESS Stewart & Mowen Co., 108 W. North Avenue,	

0088

MAIL ROOM

51 9901		BALTIMORE CITY HEALTH DEPARTMENT		51 9901	
BIRTH NO.		CERTIFICATE OF DEATH			
1. NAME OF DECEASED (Type or Print)		WOJCIECH J. JANOWSKI		2. DATE OF DEATH November 15, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 921 Fell Street		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 2-03			
C. Length of stay in Baltimore 59 yrs.		D. STREET ADDRESS (If rural, give location) 921 Fell Street			
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 23, 1868	9. AGE (In years last birthday) 83	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Poland	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME John Janowski		14. MOTHER'S MAIDEN NAME Frances ?	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT Mrs. Veronica Janowski-921 Fell Street	
18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic cardiovascular disease DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
I certify that I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE R. S. Fisher		23B. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR		23C. DATE SIGNED Nov. 16, 1951	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Nov. 19/51		24C. NAME OF CEMETERY OR CREMATORY Holy Rosary Cem.	
24D. LOCATION (City, town, or county) Baltimore		24E. FUNERAL DIRECTOR John M. Weber		24F. ADDRESS 401 S. Chester St.	
DATE RECEIVED BY LOCAL REGISTRAR NOV 16 1951		REGISTRAR'S SIGNATURE Huntington Williams, Jr.			
V S 151					



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. 51 9902

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Miss Anne Yeager			2. DATE OF DEATH 11-14-51		
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY USA		
B. FULL NAME OF HOSPITAL OR INSTITUTION St. Agnes Hospital			C. CITY OR TOWN Baltimore (If outside corporate limits, write RURAL and give township) 20-06		
C. Length of stay in Baltimore 55 Yrs			D. STREET ADDRESS (If rural, give location) 3161 Stafford Street #23		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single.	8. DATE OF BIRTH 6-11-1896		9. AGE (in years last birthday) 55
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Milliner - self prof.			11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME George			14. MOTHER'S MAIDEN NAME Elizabeth Schwartzkopf		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown No (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Elizabeth Yeager 3161 Stafford St.	

18. 492x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH (A) Pneumonia DUE TO (B) Coronary Failure DUE TO (C)
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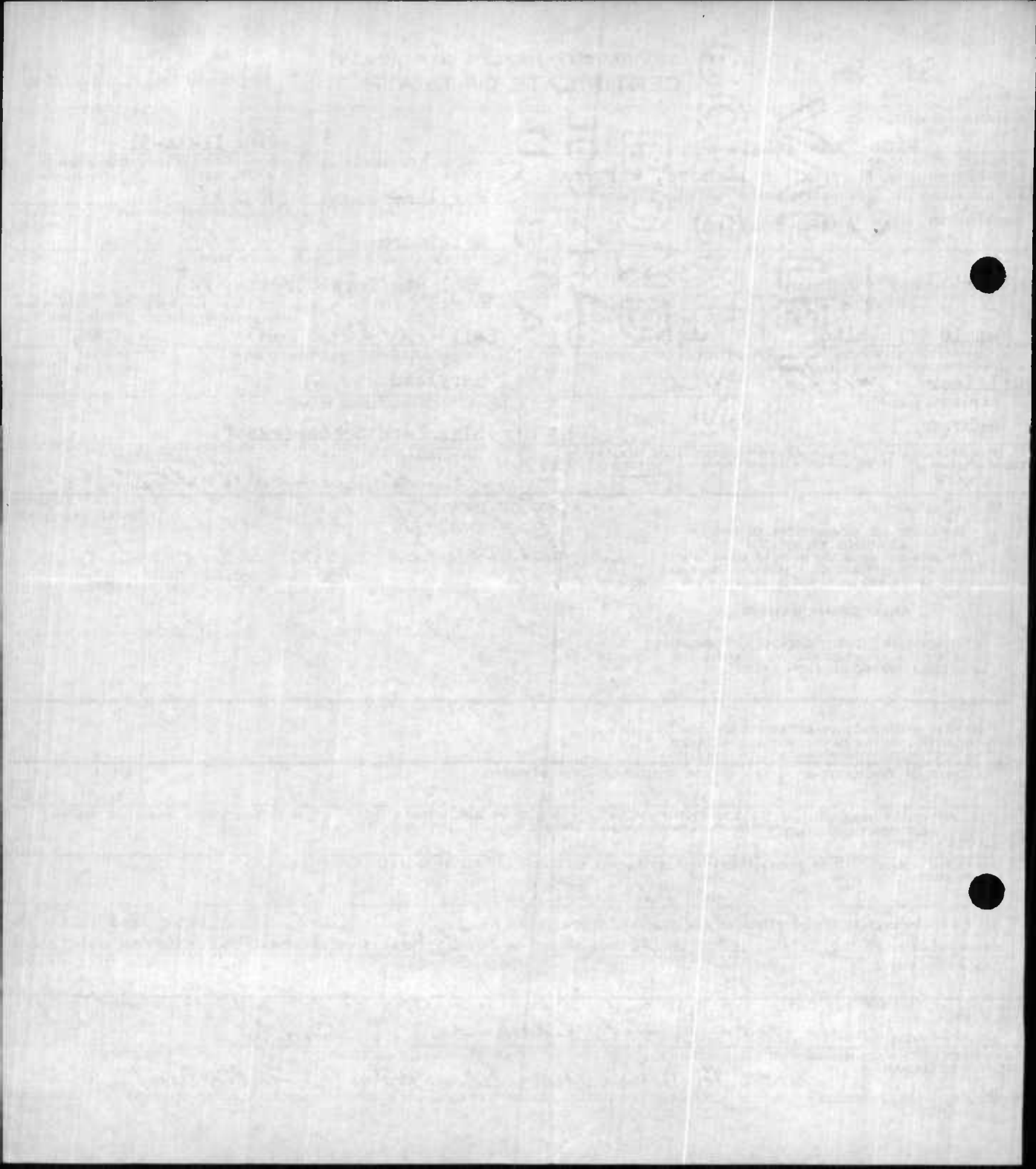
II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 11/13, 1951 , to 11/14, 1951 , that I last saw the deceased alive on 11/14, 1951 and that death occurred at 9:35 am. from the causes and on the date stated above.					
23A. SIGNATURE E. E. Ealy		23B. ADDRESS 1114 51st		23C. DATE SIGNED 11/14/51	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
Burial		11-17-51		Holy Redeemer	
24D. LOCATION (City, town, or county)		24E. DATE RECEIVED BY LOCAL REGISTRAR		24F. REGISTRAR'S SIGNATURE	
Balto.		NOV 16 1951		George H. Ealy	

25. FUNERAL DIRECTOR ADDRESS
George H. Ealy **1114 51st**

2906E

114E



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **51 9903**

BIRTH NO. **51 9903**

1. NAME OF DECEASED (Type or Print) MARY PAUL BOWIE			2. DATE OF DEATH Nov. 16, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Hood Nursing Home 3213 Edmondson Ave			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 11-04		
C. Length of stay in Baltimore 6 Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 1301 Bolton St		
5. SEX F	6. COLOR OR RACE W.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH MAY 10 1864		9. AGE (In years last birthday) 86
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY Own home	11. BIRTHPLACE (State or foreign country) Wheeling W. Va.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME George Paul			14. MOTHER'S MAIDEN NAME ?		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Maria W. Bowie Same

18. 334X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH (A) Cerebral Arterio Sclerosis DUE TO (B) Generalized Arterio Sclerosis DUE TO (C) Sclerosis	INTERVAL BETWEEN ONSET AND DEATH 1 Week
--	---	---

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 10-10-1951 , to 10-16-1951 , that I last saw the deceased alive on 10/15/1951 , and that death occurred at 12:59 Am. , from the causes and on the date stated above.					
23A. SIGNATURE James H. Williams M. D.		23B. ADDRESS Baltimore		23C. DATE SIGNED 12/16	

24A. BURIAL, CREMATION, REMOVAL (Specify) Removal	24B. DATE Nov 19 1951	24C. NAME OF CEMETERY OR CREMATORY Green Wood	24D. LOCATION (City, town, or county) (State) Wheeling W. Va.
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE James H. Williams, M.D.	25. FUNERAL DIRECTOR ADDRESS H. J. Jenkins & Sons Co 4905 York Rd.

NOV 16 1951

99

Dr. Howell

415 Frederick Ave
Catonville

130 1430

Tel Ca 4252

353

51 9904

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 9904
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

RANSOM CLARK CHITTENDEN

2. DATE
OF
DEATH

NOV. 15, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

720 McCABE AVE.

C. Length of stay in Baltimore

60 YRS.

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

CONDUCTOR (RET.)

10B. KIND OF BUSINESS OR
INDUSTRY

R.R.

13. FATHER'S NAME

NATHANIEL T. CHITTENDEN

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL
SECURITY NO.

705-09-2857

8. DATE OF BIRTH

MAR. 27, 1872

9. AGE (In years
last birthday)

79

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

MICHIGAN

12. CITIZEN OF
WHAT COUNTRY?

U.S.

14. MOTHER'S MAIDEN NAME

CAROLINE E. CLARK

17. INFORMANT

ADDRESS

C.W. CHITTENDEN 6005 ANEHURST RD.

18. 420.1 I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Coronary occlusion

DUE TO

1 yr

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Generalized atherosclerosis

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Left hemiplegia

1 yr.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from Mar, 1946 to Nov, 1951, that I last saw the
deceased alive on Nov 13, 1951, and that death occurred at 3:20 P.m., from the causes and on the date stated above.

23A. SIGNATURE

Frederick J. Voelmer M. D.

23B. ADDRESS

6100 York Road

23C. DATE SIGNED

Nov. 16, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

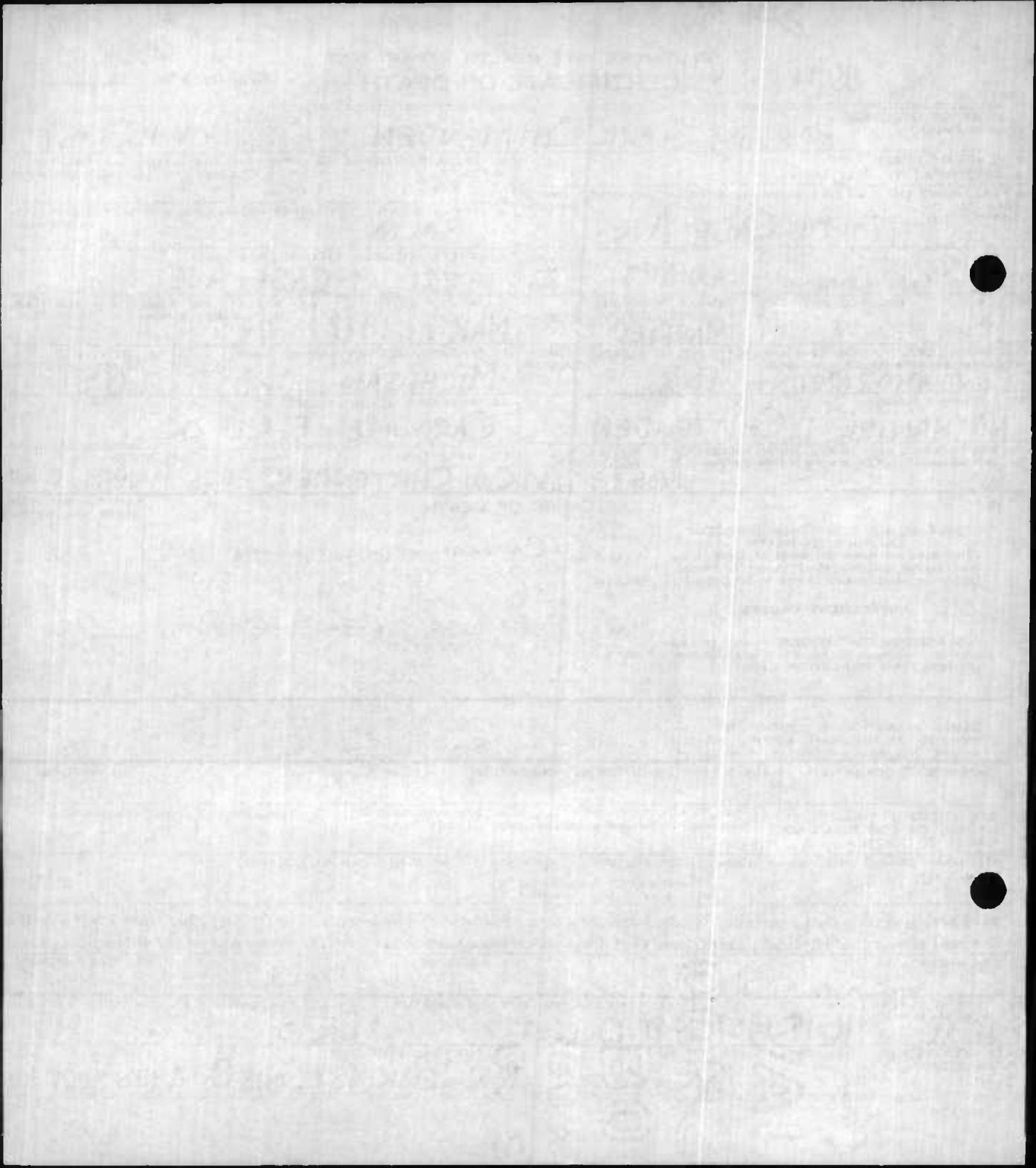
25. FUNERAL DIRECTOR

ADDRESS

NOV 16 1951

William Williams, M.D.

H. W. JENKINS & SONS CO. 4905 YORK RD.



245
51 9905

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 9905
Registered No.

BIRTH NO.		2. DATE OF DEATH	
1. NAME OF DECEASED (Type or Print)		NOV 15 1951	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)	
b. FULL NAME OF HOSPITAL OR INSTITUTION		A. STATE	
JOHNS HOPKINS HOSPITAL		MARYLAND	
c. Length of stay in Baltimore		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)	
?		BALTIMORE 27-14	
5. SEX		D. STREET ADDRESS (If rural, give location)	
FEMALE		4302 KESWICK Rd.	
6. COLOR OR RACE		8. DATE OF BIRTH	
WHITE		11-22-10	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		9. AGE (In years last birthday)	
MARRIED		40	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		11. BIRTHPLACE (State or foreign country)	
Housewife		Norfolk Va.	
10B. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY?	
Own home			
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Harry Hodges		Evelyn Parkerson	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
?		17. INFORMANT ADDRESS	
		JOHNS HOPKINS HOSPITAL	

18. 161X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DUE TO		(A) Hemorrhage from the neck			
ANTECEDENT CAUSES		(B) Carcinoma of larynx, local extension + gland metastases			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?	
10-29-51		GastroTomy		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour)		21E. INJURY OCCURRED		21F. HOW DID INJURY OCCUR?	
INJURY		WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
22. I hereby certify that I attended the deceased from 8-26-1951, to 11-15-1951, that I last saw the deceased alive on 11-15-1951, and that death occurred at 4A m., from the causes and on the date stated above.					
23A. SIGNATURE		23B. ADDRESS		23C. DATE SIGNED	
John Burroughs		JOHNS HOPKINS HOSPITAL		11-15-51	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
Burial		Nov 17 1951		London Park	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		24D. LOCATION (City, town, or county) (State)	
NOV 16 1951		William Williams		Gaeto, Md	
VS 150		25. FUNERAL DIRECTOR		ADDRESS	
		H Jenkins & Sons Co 4905 York Rd		47a	

the morning of the 1st of May
(arrived at the office at 10:30 AM)
+ 1/2 of the day

Continued

11-1-11

460
51 9906BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 9906

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Lillian McCoy Taylor

2. DATE
OF
DEATH

Nov. 16, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Union Memorial Hospital

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

Md

B. COUNTY

Harford

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Street

D. STREET ADDRESS (If rural, give location)

6200

c. Length of stay in Baltimore

10 Days

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

W

8. DATE OF BIRTH

Dec 27 1872

9. AGE (in years
last birthday)

78

If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

none

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Nebraska

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Andrew McCoy

14. MOTHER'S MAIDEN NAME

Victorine Adams

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 420.01

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) Intercranial Hemorrhage

10 days

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Generalized Arteriosclerosis

DUE TO

(C) Hypertensive, arteriosclerotic heart disease?

11
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-6-51, 19, to 11-16-51, 19, that I last saw the
deceased alive on 11-16-51, 19, and that death occurred at 8:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Lawrence Trower

M. D.

23B. ADDRESS

Union Mem. Hosp.

23C. DATE SIGNED

Nov 17, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 17 1951

Lillian McCoy Taylor

Hubert O. Kibben

Glenita Rd.

CONFIDENTIAL

560
9907

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 9907
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) ANNA R. HUEMMER		2. DATE OF DEATH Nov. 15-14 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE MD. B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) INSTITUTION Lutheran Hospital of Meiland		C. CITY OR TOWN (If outside corporate limits, write FULL and give township) Baltimore 16-05	
C. Length of stay in Baltimore All life Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 2311 W. Linnvale	
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 6/23/1886
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Practical Nurse		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (in years last birthday) 65
13. FATHER'S NAME John Ziegler		11. BIRTHPLACE (State or foreign country) Baltimore, Md.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) UNK.		12. CITIZEN OF WHAT COUNTRY? U. S.	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME Hettie Douglas	
17. INFORMANT Ross D. Sheppard		ADDRESS - 4113 Villa Nova Rd., Balto	

MEDICAL CERTIFICATION	18. 331X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebro-vascular hemorrhage DUE TO ANTECEDENT CAUSES Hypertension DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Nov. 14-14, 1951 , to Nov. 15-14, 1951 , that I last saw the deceased alive on Nov. 15-14, 1951 , and that death occurred at 7¹⁰ A.m. , from the causes and on the date stated above.					
23A. SIGNATURE Asmundson M. O.		23B. ADDRESS Luth. Hosp. of Md.		23C. DATE SIGNED 11/15/51	

24A. BURIAL, CREMATION, REMOVAL (Specify) burial		24B. DATE 11 - 17 - 51		24C. NAME OF CEMETERY OR CREMATORY Loudon Park		24D. LOCATION (City, town, or county) (State) Baltimore, Md.	
DATE RECEIVED BY LOCAL REGISTRAR NOV 17 1951		REGISTRAR'S SIGNATURE John O. Mitchell		25. FUNERAL DIRECTOR John O. Mitchell & Sons, Inc. ADDRESS -1900 Eutaw Place			
VS 150		0588A		MB Mitchell		83a	

STATE OF TEXAS
COUNTY OF DALLAS

IN SENATE,
January 1, 1901.

REPORT
OF THE
COMMISSIONER OF THE
LAND OFFICE,
FOR THE YEAR
1900.

ALBINO D. BROWN,
COMMISSIONER.

RECEIVED
JAN 1 1901
STATE OF TEXAS

THE COMMISSIONER OF THE LAND OFFICE,
DALLAS, TEXAS.

REPORT
OF THE
COMMISSIONER OF THE
LAND OFFICE,
FOR THE YEAR
1900.

ALBINO D. BROWN,
COMMISSIONER.

RECEIVED
JAN 1 1901
STATE OF TEXAS

THE COMMISSIONER OF THE LAND OFFICE,
DALLAS, TEXAS.

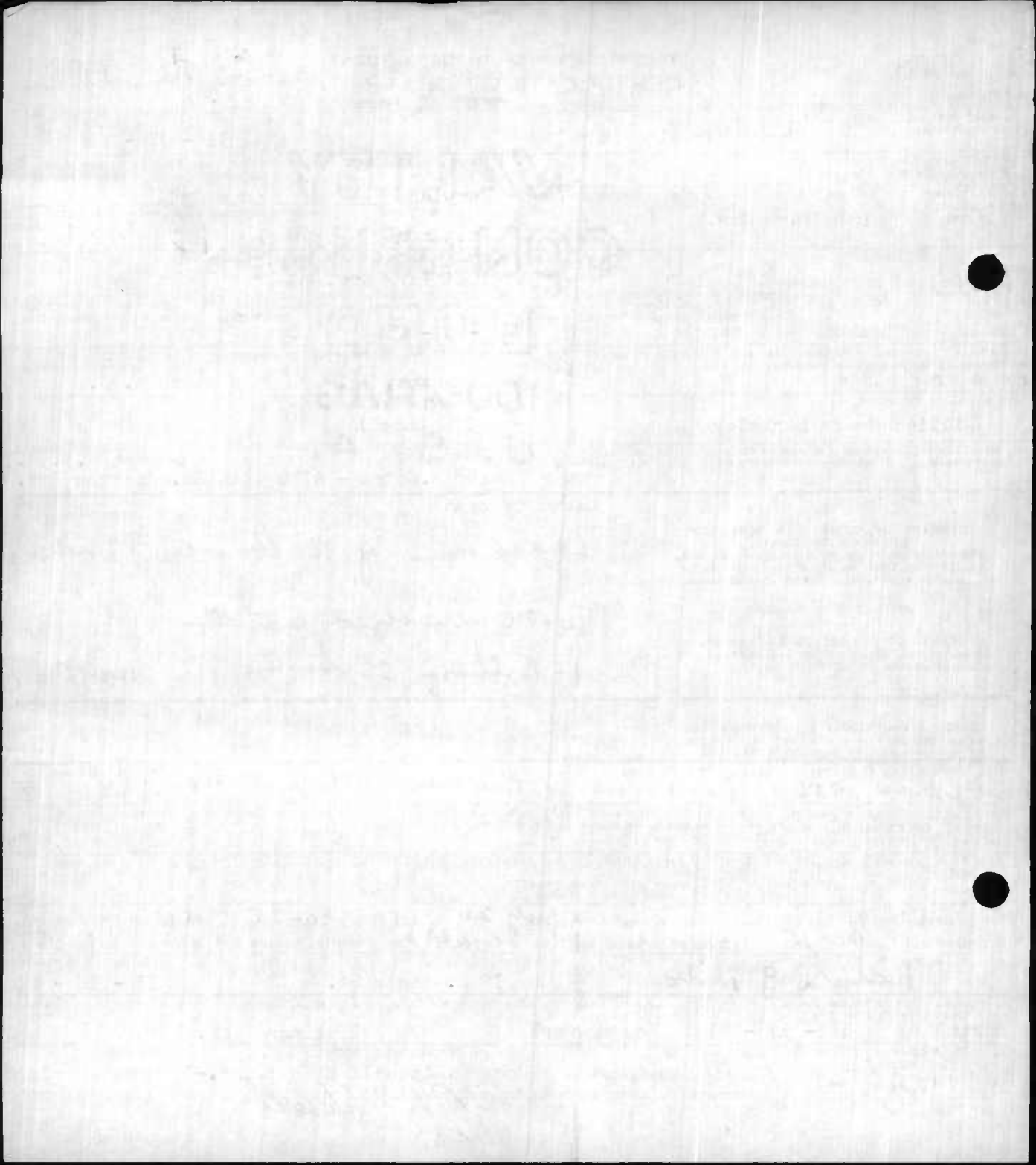
231
51 9908BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 9908

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		Parke Berkeley Estep		11 - 15 - 51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland B. COUNTY none			
B. FULL NAME OF HOSPITAL OR INSTITUTION 1914 Park Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 13-02			
C. Length of stay in Baltimore 35 Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 1914 Park Ave.			
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 9 - 6 - 91	9. AGE (In years last birthday) 60	10. Under 1 Year Months: Days 11 Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) registered nurse		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Staunton, Va.	
12. CITIZEN OF WHAT COUNTRY? U. S.		13. FATHER'S NAME William Meade Berkeley		14. MOTHER'S MAIDEN NAME Ida Dowell	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) Yes, no or unknown		16. SOCIAL SECURITY NO.		17. INFORMANT Wyatt B. Estep - 4116 76th St., Jackson Hts.	
18. 157X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Carcinoma of the Pancreas DUE TO (B) with generalized metastases DUE TO (C) + Biliary obstruction INTERVAL BETWEEN ONSET AND DEATH ? March 1951 Nov-15-1951		19. MAJOR FINDINGS OF OPERATION Carcinoma of Pancreas with metastases			
19A. DATE OF OPERATION Sept 20 1951		19B. MAJOR FINDINGS OF OPERATION Carcinoma of Pancreas with metastases		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from July 26, 1951, to Nov 15, 1951, that I last saw the deceased alive on Nov 15, 1951, and that death occurred at 6:30 P.M., from the causes and on the date stated above.					
23A. SIGNATURE Ralph G. Hills		23B. ADDRESS 18 E. Eager St.		23C. DATE SIGNED 11 - 16 - 51	
24A. BURIAL, CREMATION, REMOVAL (Specify) burial		24B. DATE 11 - 17 - 51		24C. NAME OF CEMETERY OR CREMATORY Loudon Park	
24D. LOCATION (City, town, or county) Baltimore, Md.		24E. FUNERAL DIRECTOR John O. Mitchell & Sons, Inc.		24F. ADDRESS 1900 Eutaw Place	
DATE RECEIVED BY LOCAL REGISTRAR NOV 17 1951		REGISTRAR'S SIGNATURE W. B. Mitchell		25. FUNERAL DIRECTOR John O. Mitchell & Sons, Inc.	

Mr. Hills 0588T

46g



525
51 9909
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 9909

1. NAME OF DECEASED (Type or Print) PRINCE JOHNSON		2. DATE OF DEATH Nov 11, 1951	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE B. COUNTY	
5. FULL NAME OF (If not in hospital or institution, give street address or location) University Hospital		6. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore City 22-02	
7. STREET ADDRESS (If rural, give location) 529 S. Paca St.		8. DATE OF BIRTH 7-17-21	
9. SEX M		10. AGE (in years last birthday) 30	
11. COLOR OR RACE C		12. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	
13. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER		14. KIND OF BUSINESS OR INDUSTRY SHIPYARD	
15. FATHER'S NAME Vander Robinson		16. MOTHER'S MAIDEN NAME Sarah Johnson	
17. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) Yes, no or unknown		18. SOCIAL SECURITY NO.	
19. INFORMANT Mumie Mc. Bude Johnson		20. ADDRESS 629 Fulton St.	

18. E 982 X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) External Hemorrhage DUE TO stab wound of right groin		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) _____ (C) _____		
!! OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 700 block W. Lexington St.
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY Nov 10 1951 11 P.M.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Found stabbed with sharp instrument

I certify that I took charge of the remains described above, held an **Autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐.

23A. SIGNATURE
Stanley H. Dunschee M.D.

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED
Nov 11, 1951

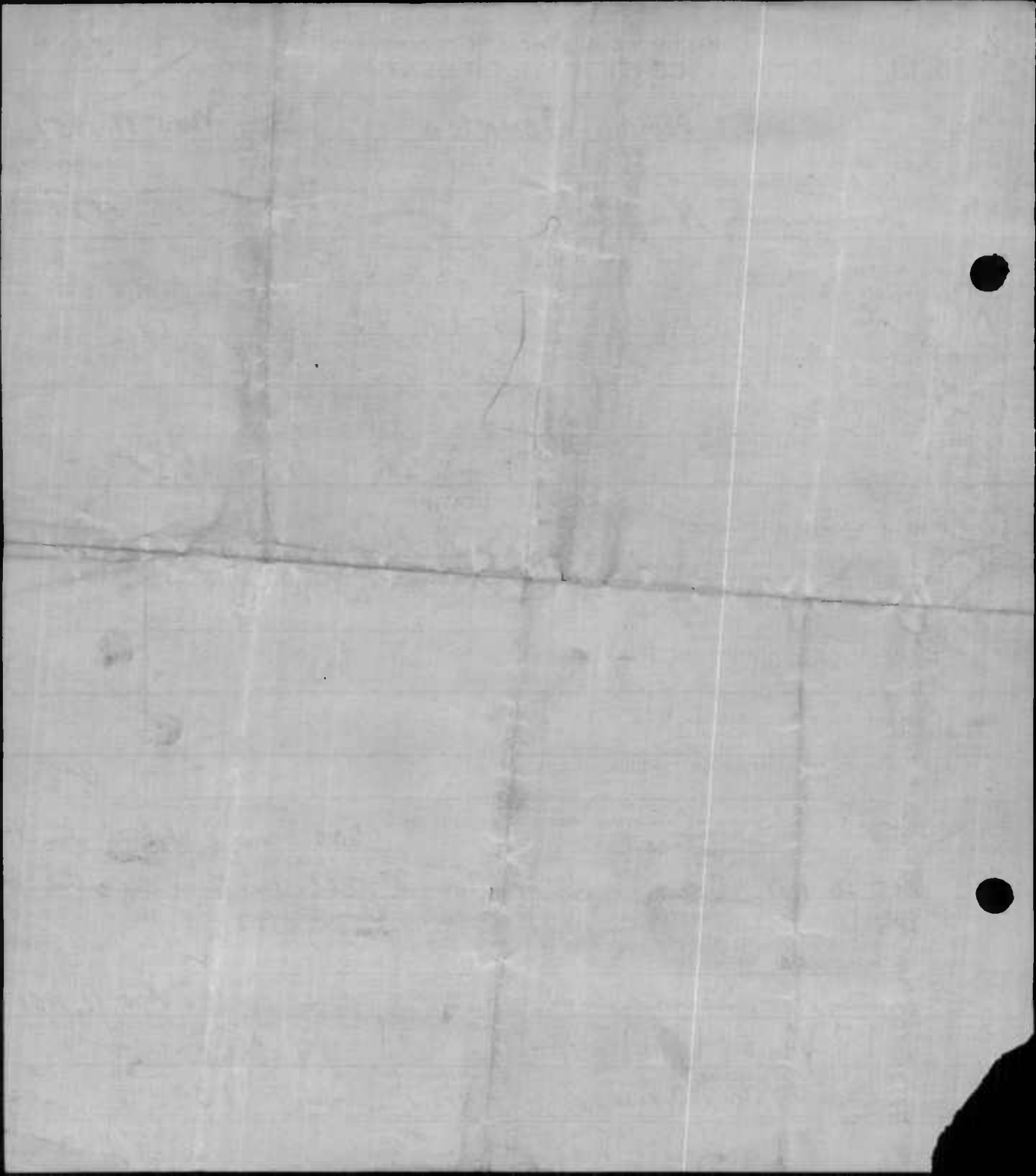
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE 11-19-51	24C. NAME OF CEMETERY OR CREMATORY Balto. National Cmt.	24D. LOCATION (City, town, or county) (State) Balto. Md.
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RECEIVED BY REGISTRAR 11/17/1951	REGISTRAR'S SIGNATURE William H. Williams, M.D.	25. FUNERAL DIRECTOR Walter B. Geyer	ADDRESS 139 W. Hamilton St.
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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 9910

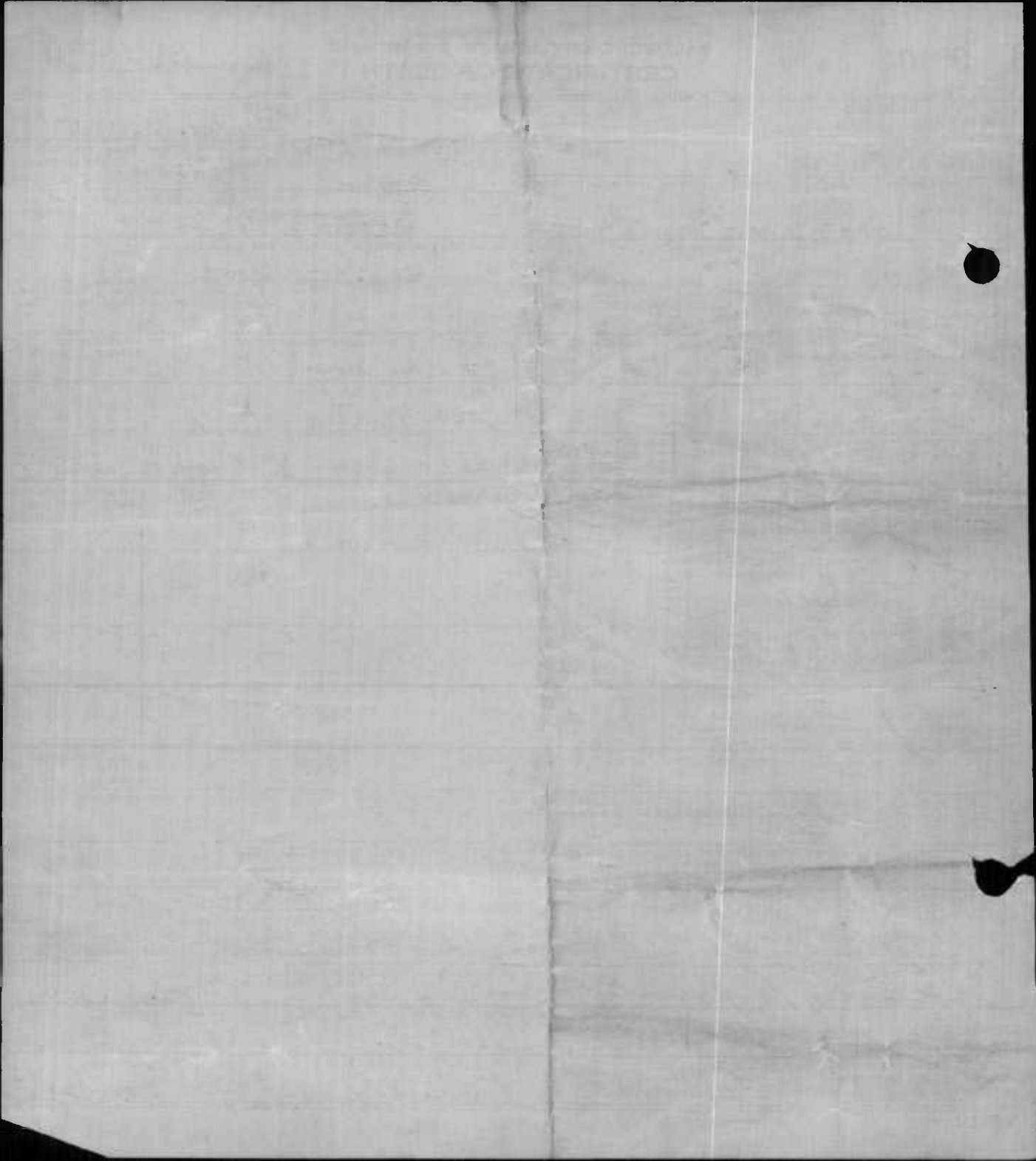
BIRTH NO.		1. NAME OF DECEASED (Type or Print) NEIL CHAMBERS		2. DATE OF DEATH Nov. 15, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore			
B. FULL NAME OF HOSPITAL OR INSTITUTION South Baltimore General Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
C. Month of stay in Baltimore 14 Yrs. 19 Mos. 4 Days		D. STREET ADDRESS (If rural, give location) 144 W. Cross Street			
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH unknown	9. AGE (In years last birthday) 48	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY Junk & Rag factory		11. BIRTHPLACE (State or foreign country) Jackson Springs N.C.	
13. FATHER'S NAME Emuel Chambers		14. MOTHER'S MAIDEN NAME Cora Martin		12. CITIZEN OF WHAT COUNTRY? <input checked="" type="checkbox"/>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT Neil Chambers	
				ADDRESS 1241 Rhode Island Ave	

18. 002X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Pulmonary tuberculosis (A) DUE TO		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> m. WORK AT WORK	21F. HOW DID INJURY OCCUR?			
22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE Stanley B. Duckles		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input checked="" type="checkbox"/>		23C. DATE SIGNED Nov. 15, 1951	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 11-17-1951	24C. NAME OF CEMETERY OR CREMATORY Jackson Springs N.C.		24D. LOCATION (City, town, or county) (State) N. Carolina	
DATE RECEIVED BY LOCAL REGISTRAR NOV 17 1951	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Walter B. Spriger		ADDRESS 139 W. Hamling St.	

97062

1313

MEDICAL CERTIFICATION



363
51 9911

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 9911
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
Thomas LeRoy Stewart		Nov. 13/51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
3825 Beehler St.		A. STATE Baltimore Md.	
5. FULL NAME OF HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)	
		Baltimore Md.	
6. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location)	
6mons		3825 Beehler Ave.	
7. SEX	8. COLOR OR RACE	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	10. DATE OF BIRTH
Male	White	Married	Aug. 9, 1905
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		12. AGE (In years last birthday)	
Shoe Salesman		46	
13. KIND OF BUSINESS OR INDUSTRY		14. BIRTHPLACE (State or foreign country)	
Saks, 5th Ave. N.Y.		Oklahoma	
15. FATHER'S NAME		16. CITIZEN OF WHAT COUNTRY?	
Leroy Stewart			
17. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		18. SOCIAL SECURITY NO.	
(If yes, give war or dates of service)		565-16-0714	
19. INFORMANT		ADDRESS	
Mrs. Helen Stewart		3825 Beehler Ave.	

18. 193X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
(A) Brain Tumor - Glioma		8 months
ANTECEDENT CAUSES		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

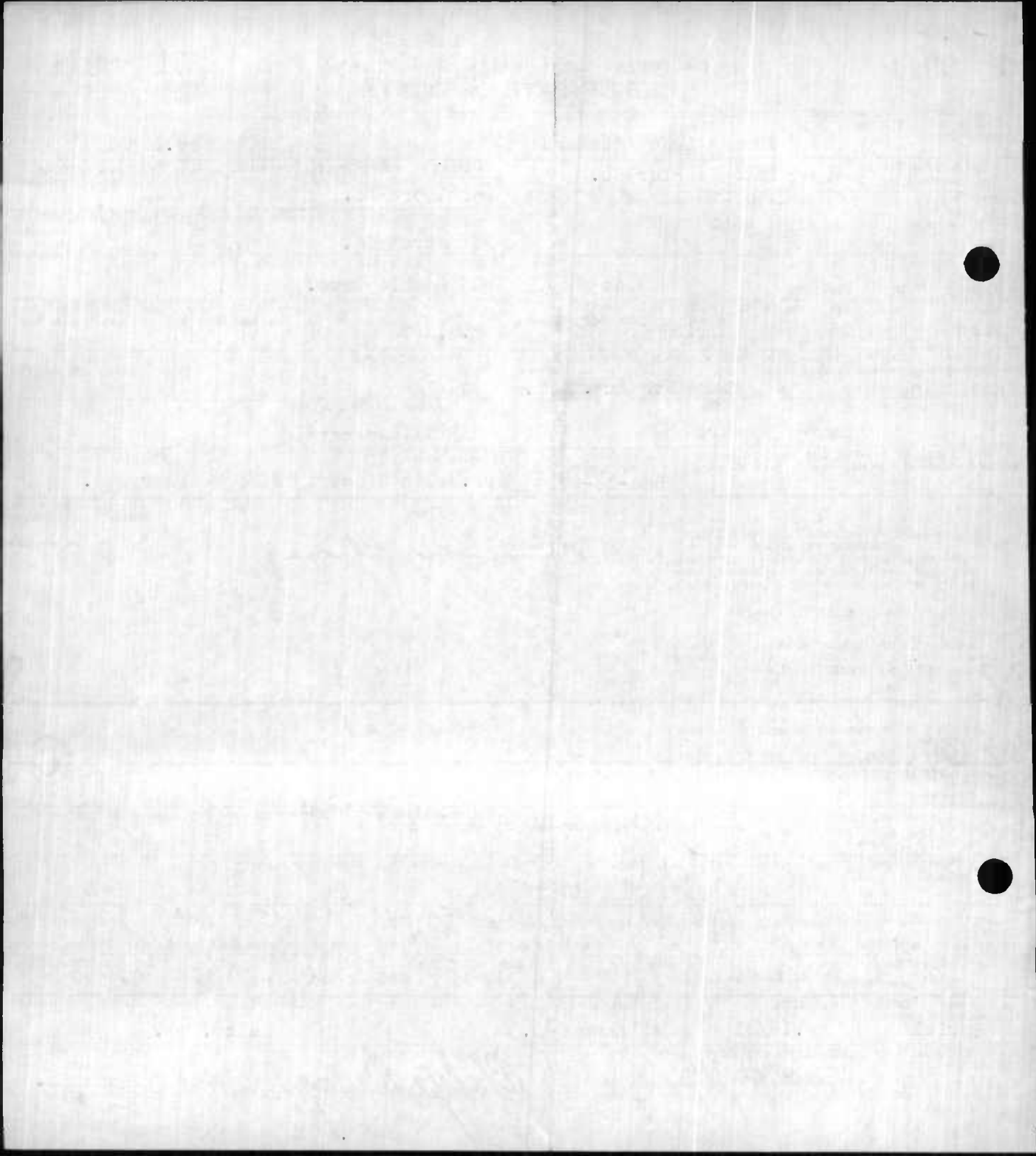
22. I hereby certify that I attended the deceased from Aug. 15, 1951, to Nov. 15, 1951, that I last saw the deceased alive on Nov. 5, 1951, and that death occurred at 7 p.m., from the causes and on the date stated above.

23A. SIGNATURE Shamuel Lewis	23B. ADDRESS 4818 Reisterstown Rd	23C. DATE SIGNED Nov 17, 1951
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24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	Nov. 19/51	Oak Lawn Cem.	Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR NOV 17 1951	REGISTRAR'S SIGNATURE W. Williams, M.D.	25. FUNERAL DIRECTOR Philip H. Hargis	ADDRESS 2024 Orleans St.
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MEDICAL CERTIFICATION



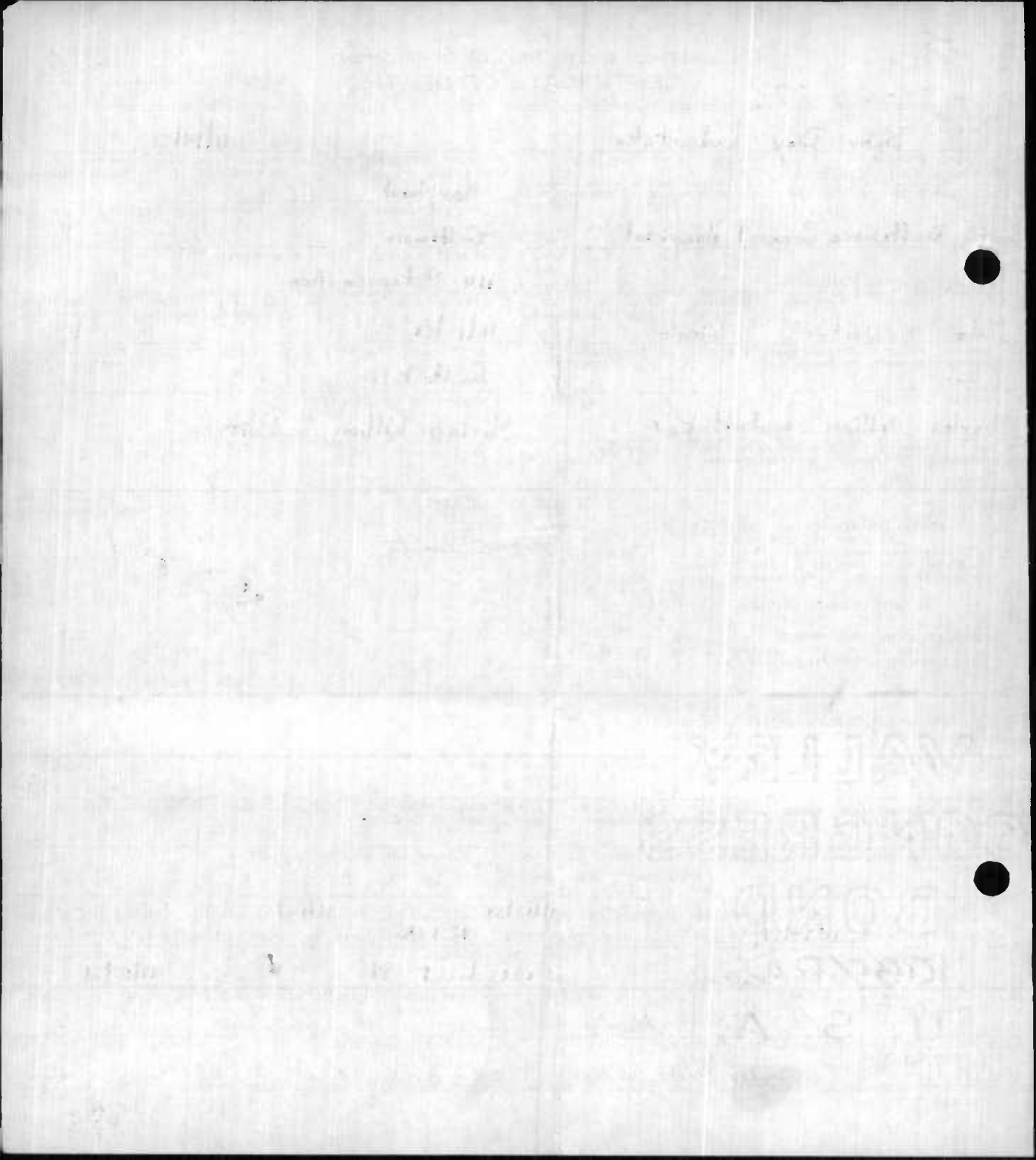
332
51 9912BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 9912
Registered No.

BIRTH NO. 51-26576

1. NAME OF DECEASED (Type or Print) Baby Boy Ludwitzke		2. DATE OF DEATH 11/14/51	
3. PLACE OF DEATH: A. Baltimore City, Maryland ✓		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore	
B. FULL NAME OF (If not in hospital or institution, give street address or location) South Baltimore General Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) 114 Patapsco Ave.	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 11/13/51
9. AGE (in years last birthday) 1		10. CITIZEN OF WHAT COUNTRY? U.S.	
11. BIRTHPLACE (State or foreign country) B. H. Md.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME Charles William Ludwitzke		14. MOTHER'S MAIDEN NAME Miriam William Ludwitzke	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT		ADDRESS	

18. 776X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Prematurity DUE TO (A) _____ (B) _____ (C) _____		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) _____ (C) _____		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 11/13/51 , 19__, to 11/14/51 , 19__, that I last saw the deceased alive on 11/14/51 , 19__, and that death occurred at 12:54 A.M. , from the causes and on the date stated above.					
23A. SIGNATURE Alfred B. Dixon		23B. ADDRESS 1213 Light St.		23C. DATE SIGNED 11/15/51	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE 11/17/51		24C. NAME OF CEMETERY OR CREMATORY Holy Cross	
DATE RECEIVED BY LOCAL REGISTRAR NOV 17 1951		REGISTRAR'S SIGNATURE Arthur J. Williams, M.D.		25. FUNERAL DIRECTOR Charles P. Dill	
				ADDRESS 501 E. 1st Ave.	



600
9913

John J. Murray

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 9913

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

John F. MURRAY

2. DATE
OF
DEATH

11/14/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

J.F. JENKINS Memorial Hospital

C. Length of stay in Baltimore

89 Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

S

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

MARYLAND

CITY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE 2638 E. Baltimore

D. STREET ADDRESS (If rural, give location)

JENKINS HOSPITAL 25-41

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

PRIEST

10B. KIND OF BUSINESS OR INDUSTRY

Religion

11. BIRTH PLACE (State or foreign country)

BALTIMORE, MD.

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Patrick Murray

14. MOTHER'S MAIDEN NAME

Bridget Feehley

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

J. Murray Sweeney 813 E. 34th. Street

ADDRESS

18. 331X I

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

CAUSE OF DEATH

(A)

DUE TO

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/1, 1951, to 11/14, 1951, that I last saw the deceased alive on 11/14, 1951, and that death occurred at 5:00 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 17 1951

H. H. Ueberschlag - 8057 Calvert St

STATE OF NEW YORK
CERTIFICATE OF DEATH

DECEASED

NEW YORK
COUNTY
CITY OF NEW YORK
DECEASED

563
51 9914

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

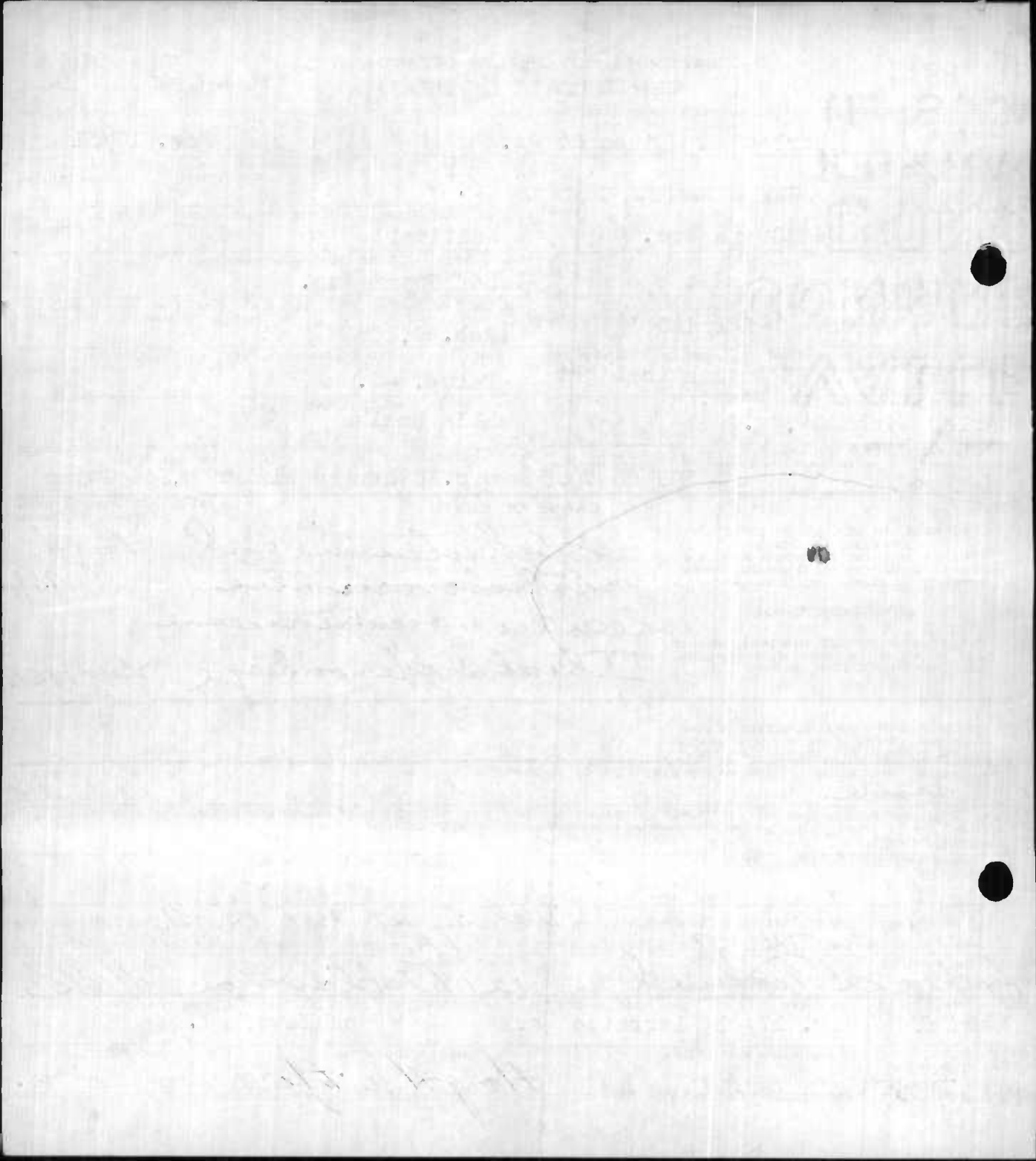
Registered No. 51 9914

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		Charles Linhardt Jr.		Nov. 15/51	
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE: (Where deceased lived. If institution: residence before admission)	
B. FULL NAME OF HOSPITAL OR INSTITUTION 344 Gwynn Ave.				A. STATE Md.	
C. CITY OR TOWN Baltimore				B. COUNTY	
D. STREET ADDRESS (If rural, give location) 344 Gwynn Ave.				20-07	
E. LENGTH OF STAY IN BALTIMORE Life				Yrs. Mos. Days	
5. SEX Male		6. COLOR OR RACE White		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) resident		10B. KIND OF BUSINESS OR INDUSTRY Automatic Light Corp. SHIP LIGHT		8. DATE OF BIRTH Feb. 6, 1892	
13. FATHER'S NAME Charles Linhardt, Sr.		15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or (unknown)		9. AGE (In years last birthday) 59	
16. SOCIAL SECURITY NO. 309 03 7095		17. INFORMANT Mrs. Katherine Linhardt		11. BIRTHPLACE (State or foreign country) Balto. Md.	
18. 443X1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE. (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH (A) Hypertensive and DUE TO systemic sclerosis cardio-vascular disease (B) cerebral hemorrhage		12. CITIZEN OF WHAT COUNTRY? 1951 Aug 4 Sep 1951	
19A. DATE OF OPERATION none		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Oct 5, 1951, to Nov 15, 1951, that I last saw the deceased alive on Nov 14, 1951, and that death occurred at 1 A. m., from the causes and on the date stated above.					
22A. SIGNATURE John A. Ireland		23B. ADDRESS 1219 Poplar Grove		23C. DATE SIGNED 11/16/51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Nov. 17/51		24C. NAME OF CEMETERY OR CREMATORY Lorraine Park	
24D. LOCATION (City, town, or county) Woodlawn, Md.		24E. DATE RECEIVED BY LOCAL REGISTRAR NOV 17 1951		24F. REGISTRAR'S SIGNATURE William H. Williams	
24G. DATE RECEIVED BY LOCAL REGISTRAR NOV 17 1951		24H. REGISTRAR'S SIGNATURE William H. Williams		24I. FUNERAL DIRECTOR Henry A. Witzke	
24J. ADDRESS 4101 Edmondson Ave.		24K. ADDRESS 4101 Edmondson Ave.		24L. ADDRESS 4101 Edmondson Ave.	

MEDICAL CERTIFICATION

2903U 901

937



200
1 9915

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 9915

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) Ruby A. Fuchs 2. DATE OF DEATH November 15 1951

3. PLACE OF DEATH: A. Baltimore City, Maryland 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE md B. COUNTY _____

B. FULL NAME OF (If not in hospital or institution, give street address or location) Pinecrest Sanatorium C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto. 9-07

c. Length of stay in Baltimore Life Yrs. _____ Mos. _____ Days _____ D. STREET ADDRESS (If rural, give location) 1508 Garwell St

5. SEX Female 6. COLOR OR RACE w. 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single 8. DATE OF BIRTH Dec. 29. 1875 9. AGE (in years, last birthday) 75 If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) md 12. CITIZEN OF WHAT COUNTRY? _____

13. FATHER'S NAME Geo. A. Fuchs 14. MOTHER'S MAIDEN NAME Idea S. F. Fuchs

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Wm. C. Fox ADDRESS _____

18. 450.1 I CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Gangrene of Left Foot 2 1/2 months

ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) Arteriosclerosis of Extremities ?

(C) Generalized Arteriosclerosis ?

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Psychoses due to cerebral thromboses 17 months

19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 11, 1950, to November 15, 1951, that I last saw the deceased alive on Nov 14, 1951, and that death occurred at 1.50 P.m., from the causes and on the date stated above.

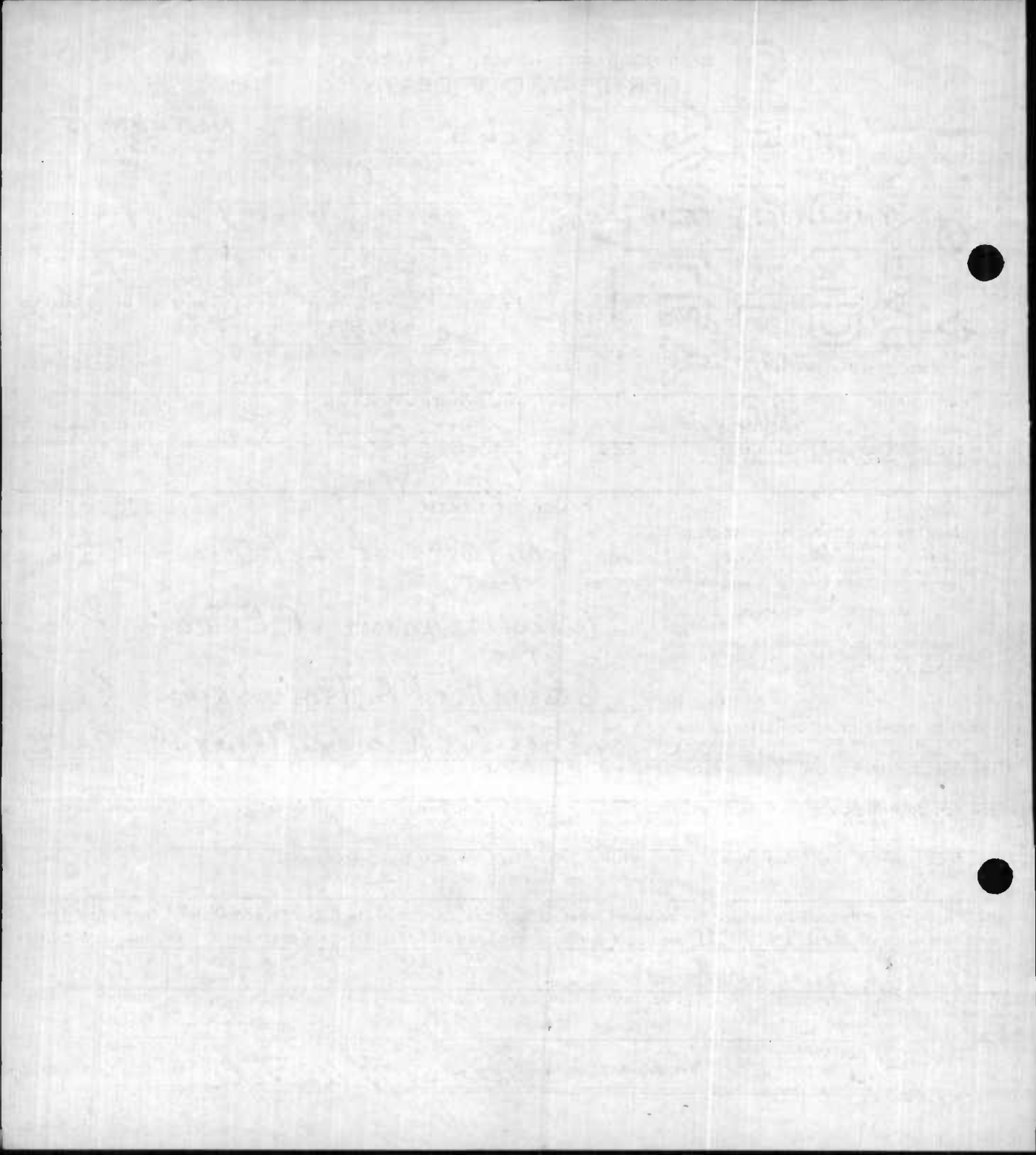
23A. SIGNATURE Melvin N. Borden M. D. 23B. ADDRESS 5000 Old Frederick Rd 23C. DATE SIGNED 11/15/51

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial 24B. DATE Nov. 17/51 24C. NAME OF CEMETERY OR CREMATORY Landon Pk 24D. LOCATION (City, town, or county) (State) Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR NOV 17 1951 REGISTRAR'S SIGNATURE William J. Williams, M.D. 25. FUNERAL DIRECTOR Harry T. Untzke ADDRESS 4101 Edmond

VS 150 83B an.

MEDICAL CERTIFICATION



125
1 9916

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 9916

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Oscar M. Gibson		2. DATE OF DEATH Nov. 14/51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) 5511 Wayne Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 5511 Wayne Ave.	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 1, 1876
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Grain Broker		10B. KIND OF BUSINESS OR INDUSTRY Eugene Beer Co.	
13. FATHER'S NAME Wm. M. Gibson		11. BIRTHPLACE (State or foreign country) Md.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) Yes, no or unknown		12. CITIZEN OF WHAT COUNTRY? Md.	
16. SOCIAL SECURITY NO. 212 03 2967		14. MOTHER'S MAIDEN NAME Alice Kirby	
17. INFORMANT Mrs. Rose L. Gibson		ADDRESS 5511 Wayne Ave.	

18. 467.2 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) internal hemorrhage of unknown origin		INTERVAL BETWEEN ONSET AND DEATH
CAUSE OF DEATH (A) internal hemorrhage of unknown origin DUE TO		
(B) DUE TO		
(C) DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 1946 , 19 11-14 , 19 51 , that I last saw the deceased alive on 11/14, 1951 , and that death occurred at 930 p.m. , from the causes and on the date stated above.				
23A. SIGNATURE H. W. Keen		23B. ADDRESS 3921 Edmondson Ave.		23C. DATE SIGNED 11-16-51
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Nov. 19/51	24C. NAME OF CEMETERY OR CREMATORY Lorraine Pk.	24D. LOCATION (City, town, or county) (State) Woodlawn, Md.	
LOCAL RECEIVED BY NOV 17 1951		REGISTRAR'S SIGNATURE Harry N. Witzke		25. FUNERAL DIRECTOR 101 Edmondson Ave.

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **51 9917**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Edgar H. Fastie

2. DATE
OF
DEATH

11-15-1951

3. PLACE OF DEATH:

a. Baltimore City, Maryland

b. FULL NAME OF HOSPITAL OR INSTITUTION

ST. Agnes Hospital

c. Length of stay in Baltimore

Life

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

STATISTICAL CLERK

10b. KIND OF BUSINESS OR INDUSTRY

CON. GAS & ELECT. CO.

13. FATHER'S NAME

Howard Fastie

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE *Maryland* b. COUNTY *Baltimore*

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

d. STREET ADDRESS (If rural, give location)

4301. Highview Ave 5300

8. DATE OF BIRTH

9-6-

9. AGE (In years last birthday)

45

11 Under 1 Year Months: Days

11 Under 24 Hours Hours: Min.

11. BIRTHPLACE (State or foreign country)

Id.

12. CITIZEN OF WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Emma Buckmaster

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Ruth Fastie, 4301 Highview Ave.

18. *340.1*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *healing CNS infection*

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *Hemiplegia - Pneumonia*

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

2

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour) INJURY

21e. INJURY OCCURRED

21f. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from *11/13*, 1951, to *11/15*, 1951, that I last saw the deceased alive on *11/15*, 1951, and that death occurred at *5:55* a. m., from the causes and on the date stated above.

23a. SIGNATURE

23b. ADDRESS

23c. DATE SIGNED

M. D.

24a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

DATE

Nov. 19/51

24c. NAME OF CEMETERY OR CREMATORY

Loudon Park

24d. LOCATION (City, town, or county)

Baltimore Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 17 1951

William H. Williams, M.D.

Harry F. Wier

4101 Edmondson Ave.

VS 150

390 5E

81a

MEDICAL CERTIFICATION

177

200
51 9918BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 9918
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) HEISE, ANNA. A.		2. DATE OF DEATH 11-14-51	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY			
b. FULL NAME OF HOSPITAL OR INSTITUTION UNIVERSITY HOSPITAL		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
c. Length of stay in Baltimore		d. STREET ADDRESS (If rural, give location) 1821 Chilton St.			
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH May 28, 1878	9. AGE (In years last birthday) 73	10. Under 1 Year Months Days 11. Under 24 Hours Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY at home		11. BIRTHPLACE (State or foreign country) Maryland	
13. FATHER'S NAME Henry D. Dreyer		14. MOTHER'S MAIDEN NAME Anna M. Burman			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) -		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Miss Agnes Dreyer- 1821 Chilton St.	
18. 592X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CHRONIC GLOMERULAR NEPHRITIS DUE TO UREMIA ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. ABSENCE LEFT KIDNEY		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH 10 days 13 hours 30 mins	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 11-1-51 , 19 51 , to 11-14-51 , 19 51 , that I last saw the deceased alive on 11-14-51 , 19 51 , and that death occurred at 10:10 am. , from the causes and on the date stated above.					
23a. SIGNATURE Henry D. Perry Jr.		23b. ADDRESS University Hospital		23c. DATE SIGNED 11-14-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11/17/51		24c. NAME OF CEMETERY OR CREMATORY St. Paul's Cem.	
24d. LOCATION (City, town, or county) (State) Violetville, Md.		24e. DATE RECEIVED BY LOCAL REGISTRAR NOV 17 1951		24f. REGISTRAR'S SIGNATURE Washington Williams, M.D.	
24g. FUNERAL DIRECTOR 26m. J. Dickens & Sons -		24h. ADDRESS Balto 17, Md. 1318			

MEDICAL CERTIFICATION

Wm. J. Starnes, 4 years
June 17, 1904.

536
9919

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 9919
Registered No.

1. NAME OF DECEASED (Type or Print) ALBERT H. WINTER		2. DATE OF DEATH Nov. 16, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) Baltimore Eye Ear & Throat Hospital (Charity) 1214 Ectaw Place		C. CITY OR TOWN (If outside corporate limits, write FULL and give township) Baltimore 27-12	
D. STREET ADDRESS (If rural, give location) 318 Woodbourne Ave - 12 -			
E. Length of stay in Baltimore life			
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH June 22, 1882
10A. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Supervisor Pay Roll		10B. KIND OF BUSINESS OR INDUSTRY Balto. City	9. AGE (In years last birthday) 59
11. BIRTHPLACE (State or foreign country) Baltimore, Md		12. CITIZEN OF WHAT COUNTRY? U.S. of America	
13. FATHER'S NAME John F. Winter		14. MOTHER'S MAIDEN NAME Ella F. Mitchell	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO.	
17. INFORMANT himself		ADDRESS 318 Woodbourne Ave	
18. 385X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Pulmonary embolism DUE TO (A)		INTERVAL BETWEEN ONSET AND DEATH 3 hrs.	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) Congenital deformity of chest & heart DUE TO (C) Operation for removal of cataract two weeks ago.			
19A. DATE OF OPERATION Nov. 2, 1951		19B. MAJOR FINDINGS OF OPERATION Senile Cataract	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) NOV 17 1951	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Nov 2 , 1951, to Nov 16 , 1951, that I last saw the deceased alive on Nov 16 , 1951, and that death occurred at 10:35 pm , from the causes and on the date stated above.			
23A. SIGNATURE Mary L. Small		23B. ADDRESS 16 W. Read St.	23C. DATE SIGNED Nov 16, 51
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 11/19/51	24C. NAME OF CEMETERY OR CREMATORY Balto. Cem.	24D. LOCATION (City, town, or county) (State) Balto., Md.
DATE RECEIVED BY LOCAL REGISTRAR NOV 17 1951		25. FUNERAL DIRECTOR Chas. J. Tickenner & Sons	
REGISTRAR'S SIGNATURE for Williams, M.		ADDRESS 88 Balto 17, Md.	

10/10/1951

Robert H. Winter

Memorandum

Subject:

1. [Illegible]

2. [Illegible]

3. [Illegible]

4. [Illegible]

5. [Illegible]

6. [Illegible]

7. [Illegible]

8. [Illegible]

9. [Illegible]

10. [Illegible]

11. [Illegible]

12. [Illegible]

13. [Illegible]

14. [Illegible]

15. [Illegible]

16. [Illegible]

17. [Illegible]

18. [Illegible]

19. [Illegible]

20. [Illegible]

21. [Illegible]

22. [Illegible]

23. [Illegible]

24. [Illegible]

25. [Illegible]

200
1 9920

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 9920

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Charles Teige		2. DATE OF DEATH Nov. 15th., 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. CITY City	
B. FULL NAME OF (If not in hospital or institution, give street address or location) 1549 Ensor Street		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 9-09	
c. Length of stay in Baltimore 50 Yrs.		D. STREET ADDRESS (If rural, give location) 1549 Ensor Street	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 7th., 1882
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Electrician (Retired)		10B. KIND OF BUSINESS OR INDUSTRY Hotel	9. AGE (In years last birthday) 69
11. BIRTHPLACE (State or foreign country) Germany		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME ? Teige		14. MOTHER'S MAIDEN NAME Unknown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. 215-03-1348	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) No		17. INFORMANT ADDRESS Mr. John J. Teige-1018 Overbrook Rd.	

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary Thrombosis DUE TO Arteriosclerosis DUE TO Arteriosclerosis DUE TO Arteriosclerosis	CAUSE OF DEATH Coronary Thrombosis Arteriosclerosis Arteriosclerosis	INTERVAL BETWEEN ONSET AND DEATH Sudden
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 3/23 , 19 50 , to 11/15 , 19 51 , that I last saw the deceased alive on 11/8 , 19 51 , and that death occurred at 11:30 p.m. , from the causes and on the date stated above.					
23A. SIGNATURE Joseph S. Blum		23B. ADDRESS 1115 N. Calvert St		23C. DATE SIGNED 11/16/51	

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 11-19-51		24C. NAME OF CEMETERY OR CREMATORY Moreland Memorial Park		24D. LOCATION (City, town, or county) (State) Taylor Ave, Balto: Co. Md.	
DATE RECEIVED BY LOCAL REGISTRAR NOV 17 1951		REGISTRAR'S SIGNATURE George J. Ruth, Inc.		25. FUNERAL DIRECTOR George J. Ruth, Inc.		ADDRESS -1735 Harford Avenue	

Nov. 1941

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BALTIMORE CITY HEALTH DEPARTMENT										
CERTIFICATE OF DEATH										
BIRTH NO. 50-03672					Registered No. 51 9921					
1. NAME OF DECEASED (Type or Print) HENRY C. VAIN					2. DATE OF DEATH November 16, 1951					
3. PLACE OF DEATH: A. Baltimore City, Maryland					4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland B. COUNTY					
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Johns Hopkins Hospital 1302 N. Rose Street					C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 8-03					
C. Length of stay in Baltimore Yrs. Mos. Days					D. STREET ADDRESS (If rural, give location) 1302 N. Rose Street					
5. SEX Male		6. COLOR OR RACE White		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH Feb 21/50		9. AGE (In years last birthday) 1 8		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10B. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) Baltimore			12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Andrew L. Vain					14. MOTHER'S MAIDEN NAME Lillian C. Eder					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		17. INFORMANT Mr. Andrew L. Vain			ADDRESS 1302 N. Rose St.		
18. CAUSE OF DEATH 752 X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Congenital cerebral defect hydro- xxxxx cephalus ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. INTERVAL BETWEEN ONSET AND DEATH										
19A. DATE OF OPERATION			19B. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.			21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)				
21D. TIME (Month) (Day) (Year) (Hour) INJURY			21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK			21F. HOW DID INJURY OCCUR?				
22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> accident <input type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/> .										
23A. SIGNATURE William H. Williams			M.D.			23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR		23C. DATE SIGNED 11/16/51		
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Nov. 19/51		24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer		24D. LOCATION (City, town, or county) (State) Balto.				
DATE RECEIVED BY LOCAL REGISTRAR NOV 17/1951		REGISTRAR'S SIGNATURE William H. Williams			25. FUNERAL DIRECTOR Philip Herwigson		ADDRESS 2024 Orleans St. 157a ✓			

MEDICAL CERTIFICATION



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

51 9922

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) <i>Nancy Alberta Rill</i>		2. DATE OF DEATH <i>Nov. 16 1951</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <i>md.</i> B. COUNTY _____	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>3318 Ingham Ave</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
C. Length of stay in Baltimore <i>43 yrs</i>		D. STREET ADDRESS (If rural, give location) <i>3318 Ingham Ave</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>June 5 1886</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY _____	
13. FATHER'S NAME <i>John Thomas Maylor</i>		14. MOTHER'S MAIDEN NAME <i>Ida May Myers</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) _____		16. SOCIAL SECURITY NO. <i>None</i>	
17. INFORMANT <i>Wm L. Rill</i>		ADDRESS <i>3318 Ingham Ave Baltimore</i>	

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <i>260X I Diabetes Mellitus</i>		INTERVAL BETWEEN ONSET AND DEATH <i>10 yrs.</i>
DUE TO _____		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>(B) Hypertensive Heart Disease</i>		<i>5 yrs.</i>
DUE TO _____		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>Obesity</i>		

19A. DATE OF OPERATION _____		19B. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) _____		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____	
21D. TIME (Month) (Day) (Year) (Hour) _____		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? _____	

22. I hereby certify that I attended the deceased from *Dec. 1949* to *Nov. 16, 1951* that I last saw the deceased alive on *June 26 1951* and that death occurred at *6:45 m.* from the causes and on the date stated above.

23A. SIGNATURE <i>Earl L. Chambers</i>	23B. ADDRESS <i>4108 Liberty St</i>	23C. DATE SIGNED <i>11/16/51</i>
---	--	-------------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>Nov 19/1961</i>	24C. NAME OF CEMETERY OR CREMATORY <i>St Pauls</i>	24D. LOCATION (City, town, or county) (State) <i>Anundia md</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>NOV 17 1951</i>		25. FUNERAL DIRECTOR <i>Edw. D. Dwyer - Hampstead Md.</i>	

26. 3838

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 9923

325
1 9923

BIRTH NO.

1. NAME OF DECEASED (Type or Print) **AUGUSTINA KITZMAN**

2. DATE OF DEATH **11-15-51**

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE **MD** B. COUNTY

5. FULL NAME OF (If not in hospital or institution, give street address or location)
3307 SCHUCH ST

6. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

7. STREET ADDRESS (If rural, give location)
3307 Schuch St

8. DATE OF BIRTH **10-4-66**

9. AGE (In years last birthday) **85**

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
at home

11. BIRTHPLACE (State or foreign country)
Germany

12. CITIZEN OF WHAT COUNTRY?
USA

13. FATHER'S NAME
NOT KNOWN

14. MOTHER'S MAIDEN NAME
NOT KNOWN

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT **AUGUST C. KITZMAN** ADDRESS **3307 Schuch**

18. **4-2-1** CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Arteriosclerotic Cardiovascular disease**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **Inspection** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE **Dr. J. McClafferty**

23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR.....

23C. DATE SIGNED **11-16-51**

24A. BURIAL, CREMATION, REMOVAL (Specify) **BURIAL**

24B. DATE **11/19/51**

24C. NAME OF CEMETERY OR CREMATORY **SCHWARTZ'S**

24D. LOCATION (City, town, or county) (State) **BALTIMORE MD**

DATE RECEIVED BY LOCAL REGISTRAR **NOV 17 1951**

REGISTRAR'S SIGNATURE **Clarence F. Hoffmann**

25. FUNERAL DIRECTOR **1639 Broadway** ADDRESS

August 18 1891

Dear Sir

I have the pleasure to acknowledge the receipt of your letter of the 17th inst.

and in reply to inform you that the same has been forwarded to the proper authorities.

I am, Sir, very respectfully,
Your obedient servant,

Wm. H. Smith

Wm. H. Smith

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

51 9924
Registered No. _____

636
9924
BIRTH NO.

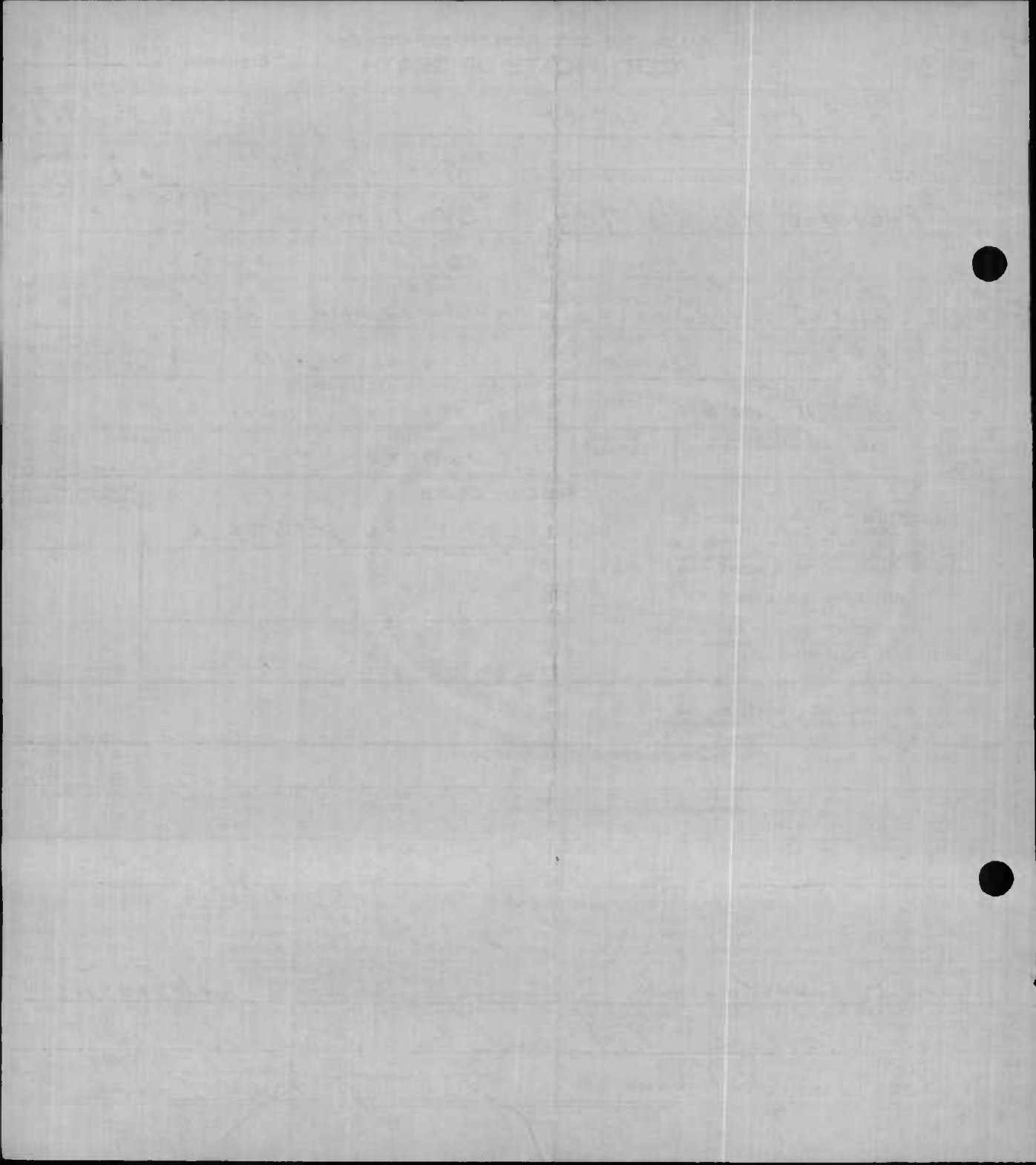
1. NAME OF DECEASED (Type or Print) OTG L. Carter			2. DATE OF DEATH Nov. 16, 1951		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE MARYLAND B. COUNTY _____		
b. FULL NAME OF (If not in hospital or institution, give street address or location) Provident Hospital (DOA)			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE		
c. Length of stay in Baltimore 3 yrs.			d. STREET ADDRESS (If rural, give location) 1622 SMALLWOOD ST.		
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH APRIL 12, 1904		9. AGE (In years last birthday) 47
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE		10b. KIND OF BUSINESS OR INDUSTRY HOME	11. BIRTHPLACE (State or foreign country) KILMONOCK, VA		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME ROBERT NICKENS			14. MOTHER'S MAIDEN NAME MINNIE MONICURE		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No.		16. SOCIAL SECURITY NO.	17. INFORMANT ELIZABETH HICKS		ADDRESS 1622 SMALLWOOD ST.

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary Disease		INTERVAL BETWEEN ONSET AND DEATH
(A) DUE TO		
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) _____ (C) _____		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE Wm. H. Kammer, Jr.		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input checked="" type="checkbox"/>		23C. DATE SIGNED Nov. 16, 1951
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Nov. 18, 1951	24C. NAME OF CEMETERY OR CREMATORY Port. Family Cem.	24D. LOCATION (City, town, or county) (State) Kilmonock, VA	
DATE RECEIVED BY LOCAL REGISTRAR NOV 17 1951		REGISTRAR'S SIGNATURE Wm. H. Kammer, Jr.		25. FUNERAL DIRECTOR Shalland Funeral Home 1631 Druid Hill Ave.



464
1 9925

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 9925
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) *Frances F Herlage*

2. DATE OF DEATH *11/15/51*

3. PLACE OF DEATH:
A. Baltimore City, Maryland *Balto*

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE *md* B. COUNTY *Baltimore*

5. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION *mercy*

6. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Pikesville

7. STREET ADDRESS (If rural, give location)
4016 Villa Nova

8. Length of stay in Baltimore *35* Yrs. Mos. Days

9. SEX *F* 10. COLOR OR RACE *W* 11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

12. DATE OF BIRTH *10-6-1882* 13. AGE (In years last birthday) *68* 14. Under 1 Year Months: Days 15. Under 24 Hours Hours: Min.

16. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) *housewife* 17. KIND OF BUSINESS OR INDUSTRY

18. BIRTHPLACE (State or foreign country) *Poland* 19. CITIZEN OF WHAT COUNTRY?

20. FATHER'S NAME *Samuel* 21. MOTHER'S MAIDEN NAME

22. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) *no* 23. SOCIAL SECURITY NO. *none* 24. INFORMANT *Son Bernard Herlage* ADDRESS

25. *4721 and E904.0* CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

26. ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(A) *Arteriosclerotic Cardio-Vascular disease & acute heart failure and massive pleural effusion* 27. INTERVAL BETWEEN ONSET AND DEATH *4 days*

(B) *Fractured hips* 28. *one year*

(C)

29. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

30. DATE OF OPERATION *11/15* 31. MAJOR FINDINGS OF OPERATION

32. AUTOPSY? YES ☐ NO ☐

33. ACCIDENT WAS UNDER- Lying ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

34. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) *Home*

35. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) *Home*

36. TIME (Month) (Day) (Year) (Hour) INJURY *one year ago* 37. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE AT WORK ☒ 38. HOW DID INJURY OCCUR? *fell at home*

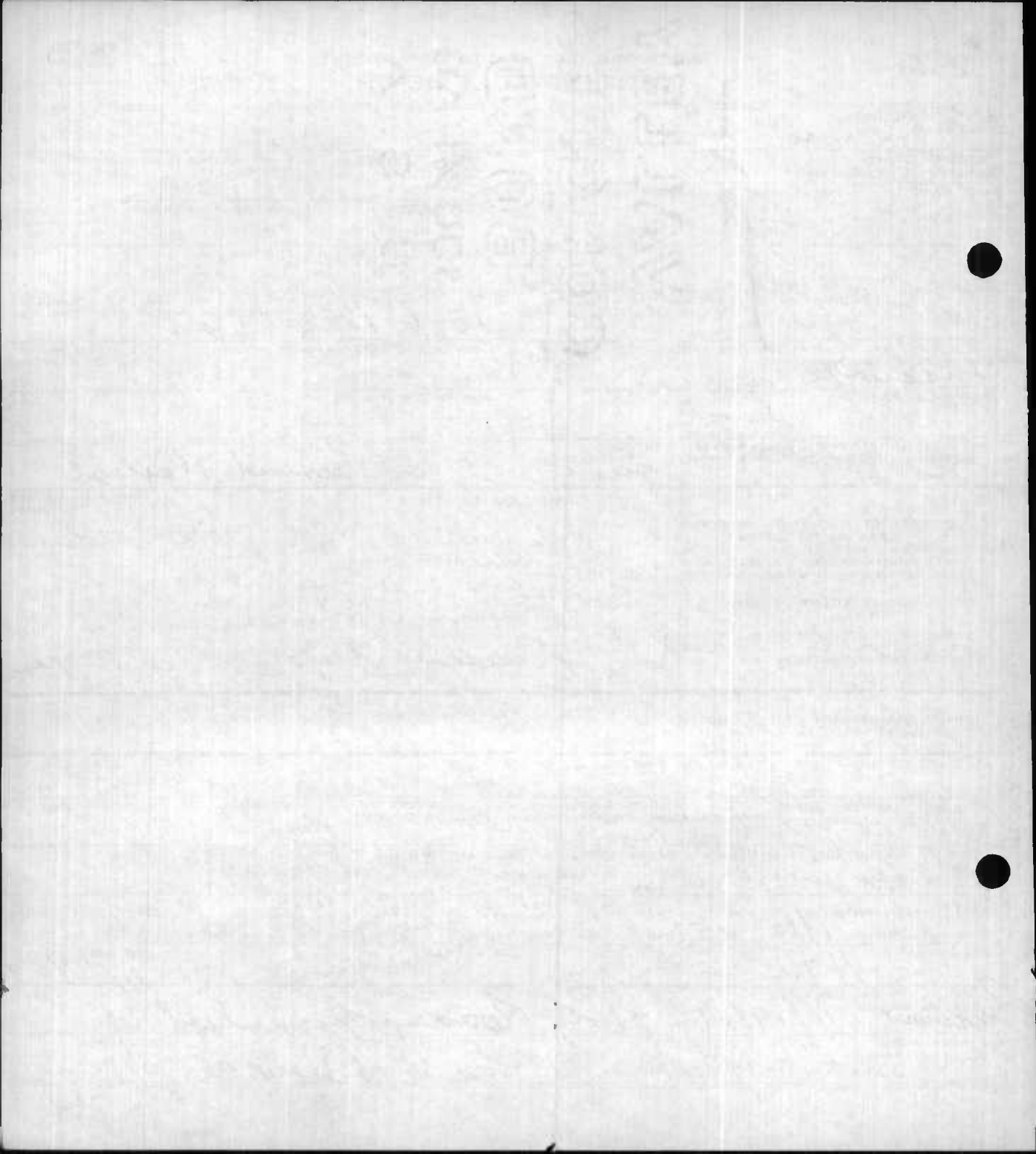
39. I hereby certify that I attended the deceased from *11/15* 19*51*, to *11/15* 19*51*, that I last saw the deceased alive on *11/15* 19*51* (and that death occurred at *9:20* p.m., from the causes and on the date stated above.

40. SIGNATURE *H. Ros Rini* 41. ADDRESS *mercy* 42. DATE SIGNED *11/16/51*

43. BURIAL, CREMA- TION, REMOVAL (Specify) *Burial* 44. DATE *11/19/51* 45. NAME OF CEMETERY OR CREMATORY *Holy Rosary Germantown Rd* 46. LOCATION (City, town, or county) (State)

47. DATE RECEIVED BY LOCAL REGISTRAR *NOV 17 1951* 48. REGISTRAR'S SIGNATURE *William Williams, M.D.* 49. FUNERAL DIRECTOR *Frank H. Newell-Peters* ADDRESS

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937 2nd



234
9926BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 9926

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOSEPH. RUKSTELIS

2. DATE
OF
DEATH

11-14-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

26 PARKINS ST.

C. Length of stay in Baltimore

30

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

TRAILER

10B. KIND OF BUSINESS OR
INDUSTRY

Coat Maker

13. FATHER'S NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

215-10-7006 DNH

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

16 MARYLAND

B. COUNTY

C. CITY OR TOWN

BALTIMORE

D. STREET ADDRESS (If rural, give location)

26 PARKINS ST.

8. DATE OF BIRTH

APR. 15-1881

9. AGE (in years
last birthday)

70 69

H Under 1 Year

Months: Days

H Under 24 Hours

Hours: Min.

11. BIRTHPLACE (State or foreign country)

LITHUANIA

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

14. MOTHER'S MAIDEN NAME

Unknown

17. INFORMANT

ADDRESS

26 Parkins St.

18.

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) Myocardial infarction

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Hypertensive Cardio Vascular Disease 2 yrs.

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

2 weeks

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-13, 1951, to 11-14, 1951, that I last saw the
deceased alive on 11-13, 1951, and that death occurred at 3:10 P.M., from the causes and on the date stated above.

23A. SIGNATURE

John P. Unbeck, Jr. M. D.

23B. ADDRESS

1227 Waverly Blvd

23C. DATE SIGNED

11-16-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

11-17-51

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer

24D. LOCATION (City, town, or county)

Belair Rd

(State)

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

11/17/1951

REGISTRAR'S SIGNATURE

Wm. J. Williams, M.D.

FUNERAL DIRECTOR

Chas. W. Facktauskas 703 McHENRY

ADDRESS

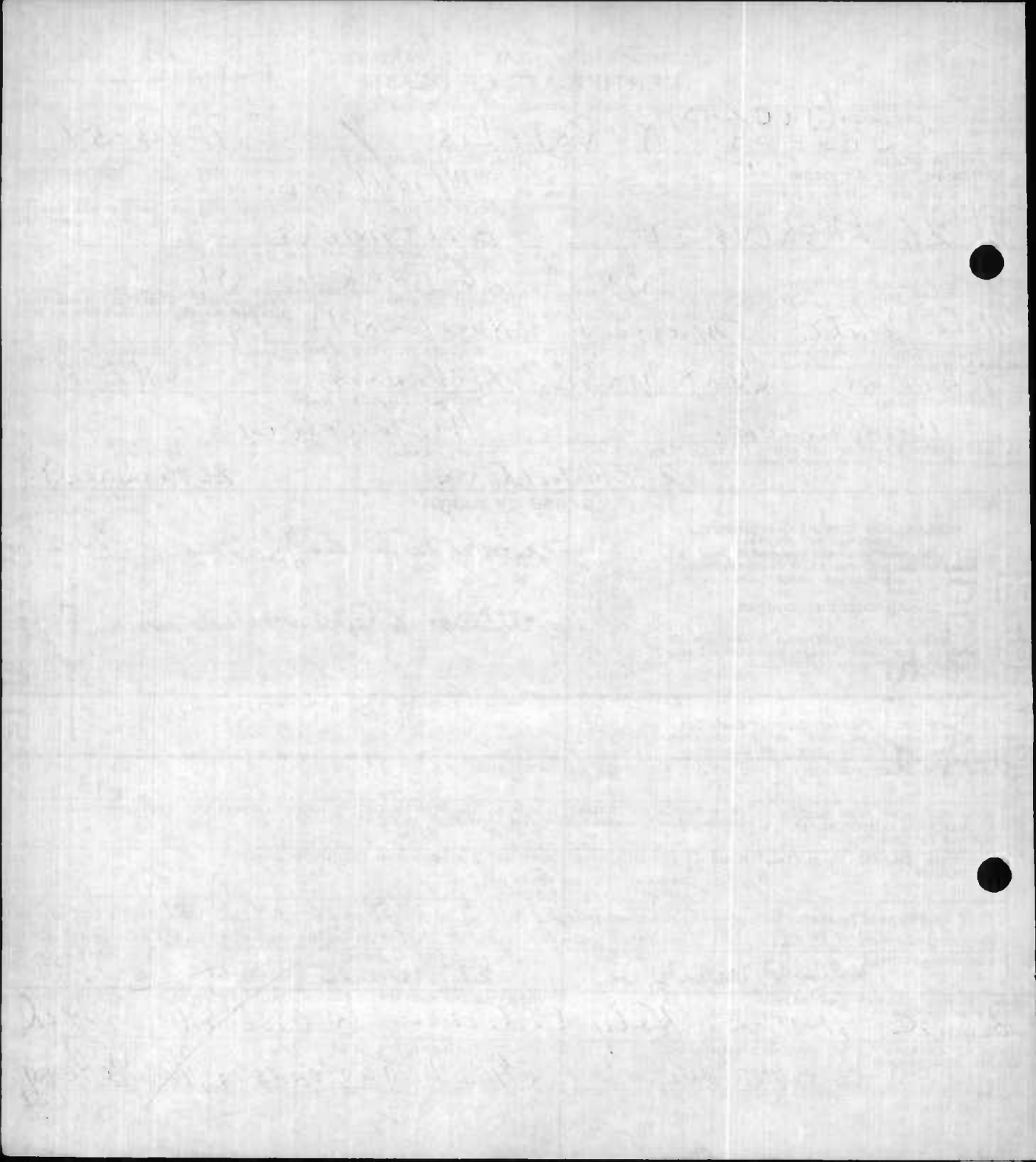
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93D

52

MEDICAL CERTIFICATION



456

51 9927

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 9927

1. NAME OF DECEASED (Type or Print) Mrs. Christine V. Palmer		2. DATE OF DEATH Nov. 16, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Ardleigh Nursing Home Girard & Parkdale Avenues		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore 1 1/2 years Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) The Chadford 909 W. University Pkwy.	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH May 30, 1874
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Registered Nurse		10B. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME Louis Steinbach		12. CITIZEN OF WHAT COUNTRY? USA	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO.	
17. INFORMANT Julia G. Wistuba 909 W. University Pkwy.		ADDRESS	

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 422.2		CAUSE OF DEATH (A) congenital heart failure		INTERVAL BETWEEN ONSET AND DEATH 2 weeks	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) chronic myocardial		5 years	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(C) Long period of fibrillation			

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 10/26, 1951, to 11/16, 1951, that I last saw the deceased alive on 19 and that death occurred at 8:30 P.M., from the causes and on the date stated above.

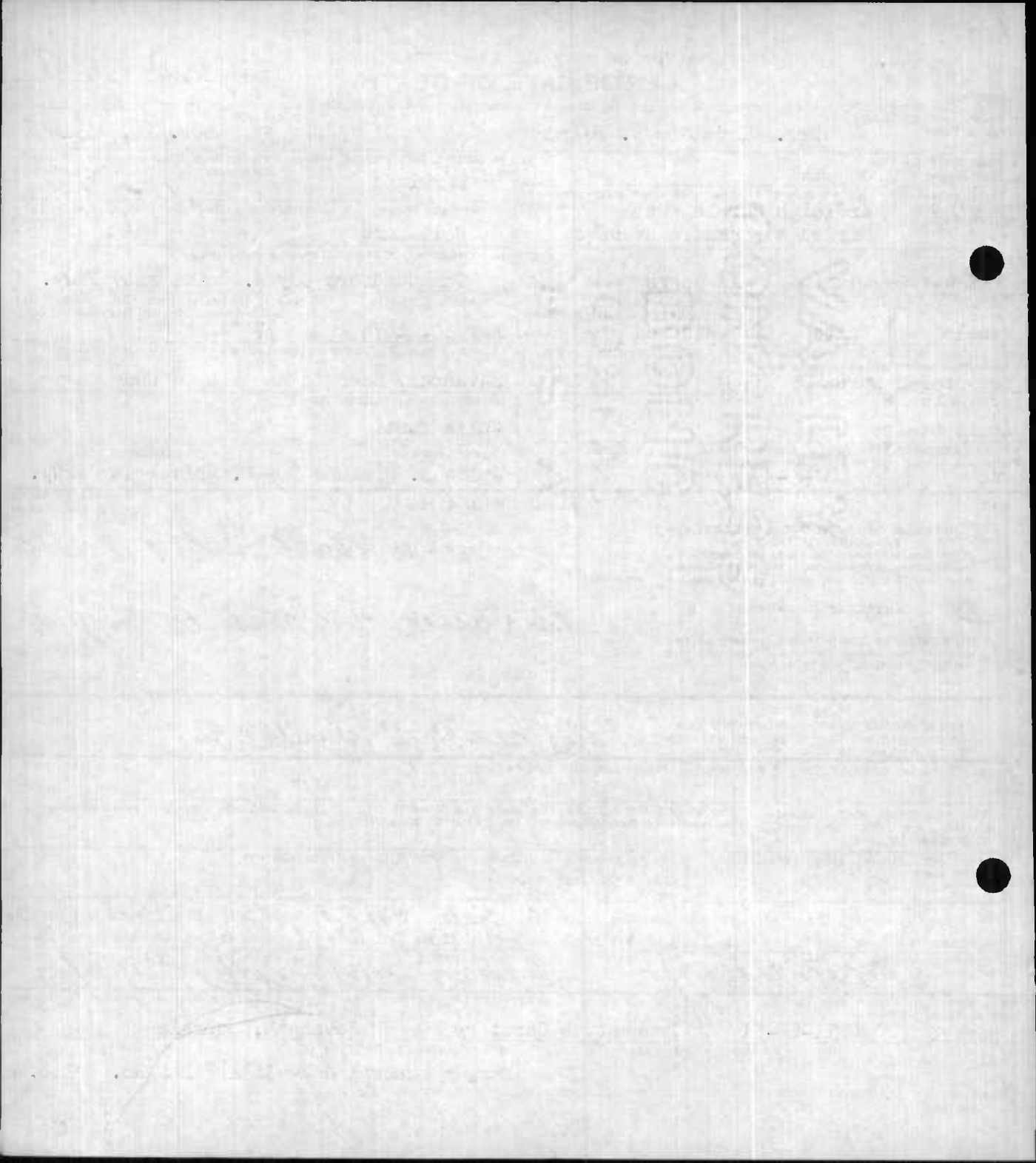
23A. SIGNATURE [Signature] M. D. 23B. ADDRESS 2020 N. Charles 23C. DATE SIGNED 11/12/51

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial 24B. DATE 11-20-51 24C. NAME OF CEMETERY OR CREMATORY Bonaventure Cemetery 24D. LOCATION (City, town, or county) Savannah, Georgia (State)

DATE RECEIVED BY LOCAL REGISTRAR NOV 17 1951 REGISTRAR'S SIGNATURE [Signature] 25. FUNERAL DIRECTOR Burgee Funeral Home 3631 Falls Rd. Balto. Md. ADDRESS

VS 150 [Signature] 931

MEDICAL CERTIFICATION



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

51 9928
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) Margaret H. Shipley			2. DATE OF DEATH Nov. 16, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY _____		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 4503 Glenarm Ave.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
C. Length of stay in Baltimore 50 years Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) 4503 Glenarm Avenue		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Feb. 25, 1877		9. AGE (in years last birthday) 74
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Seamstress		10B. KIND OF BUSINESS OR INDUSTRY Goodwill Industries	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Daniel Shipley			14. MOTHER'S MAIDEN NAME Catherine Wolbert		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. 212-01-9318	17. INFORMANT ADDRESS Mrs. Catherine Landes 4503 Glenarm Ave.		

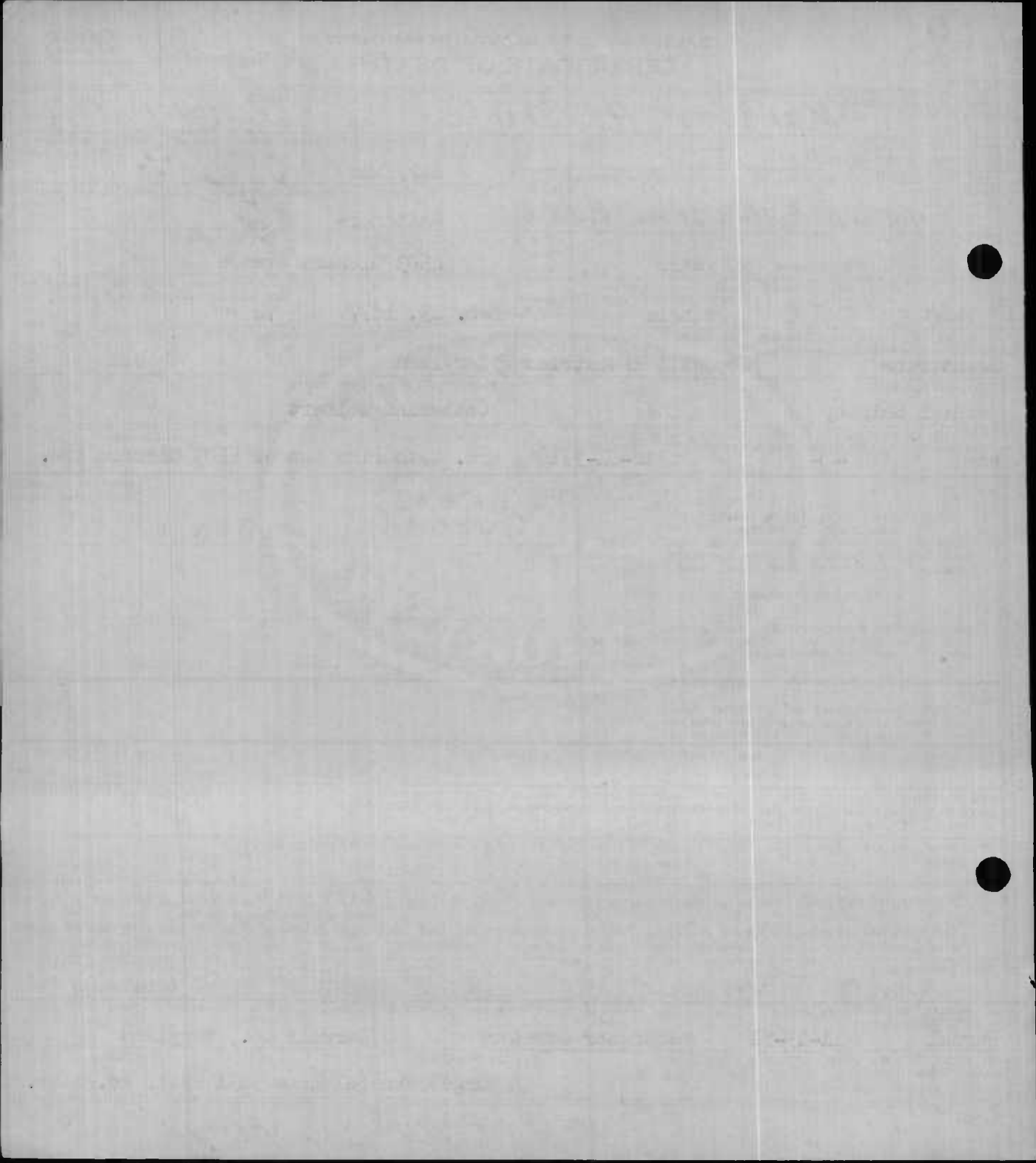
18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary Disease		INTERVAL BETWEEN ONSET AND DEATH
(A) _____ DUE TO		
ANTECEDENT CAUSES		
(B) _____ DUE TO		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
(C) _____		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION _____		19B. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?			
22. I certify that I took charge of the remains described above, held an <u>Inspection</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE Wm. H. Kammner, Jr.		23B. CHIEF MEDICAL EXAMINER _____ ASSISTANT MEDICAL EXAMINER _____ MEDICAL INVESTIGATOR _____		23C. DATE SIGNED Nov. 16, 1951	

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 11-19-51	24C. NAME OF CEMETERY OR CREMATORY Ebenezer Cemetery	24D. LOCATION (City, town, or county) (State) Carroll Co., Maryland
DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE Wm. H. Kammner, Jr.	25. FUNERAL DIRECTOR ADDRESS Burgee Funeral Home 3631 Falls Rd. Balto. Md.	

V17 1951 VS 151
6908W Burgee Funeral Home 94a

MEDICAL CERTIFICATION



256

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 9929

BIRTH NO. 1 9929

1. NAME OF DECEASED (Type or Print) Mrs. Minnie M. Wisner			2. DATE OF DEATH Nov. 15, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore		
B. FULL NAME OF (If not in hospital or institution, give street address or location) 1306 3645 Roland Avenue			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
C. Length of stay in Baltimore 50 years Yrs. 50 Mos. Days			D. STREET ADDRESS (If rural, give location) 3645 Roland Avenue		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 29, 1885	9. AGE (In years last birthday) 66	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10B. KIND OF BUSINESS OR INDUSTRY --	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Emanuel Shearer			14. MOTHER'S MAIDEN NAME Mary Utz		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. --	17. INFORMANT ADDRESS George E. Wisner 3645 Roland Avenue		

18. 260X and 170X
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

CAUSE OF DEATH
Diabetic Nephropathy (Minimal steel Wilson)
(A) Hypertensive Cardiovascular disease
DUE TO Diabetes mellitus

(B) Cancer Rt breast - type undetermined
DUE TO
(C) Myocardial Infarction

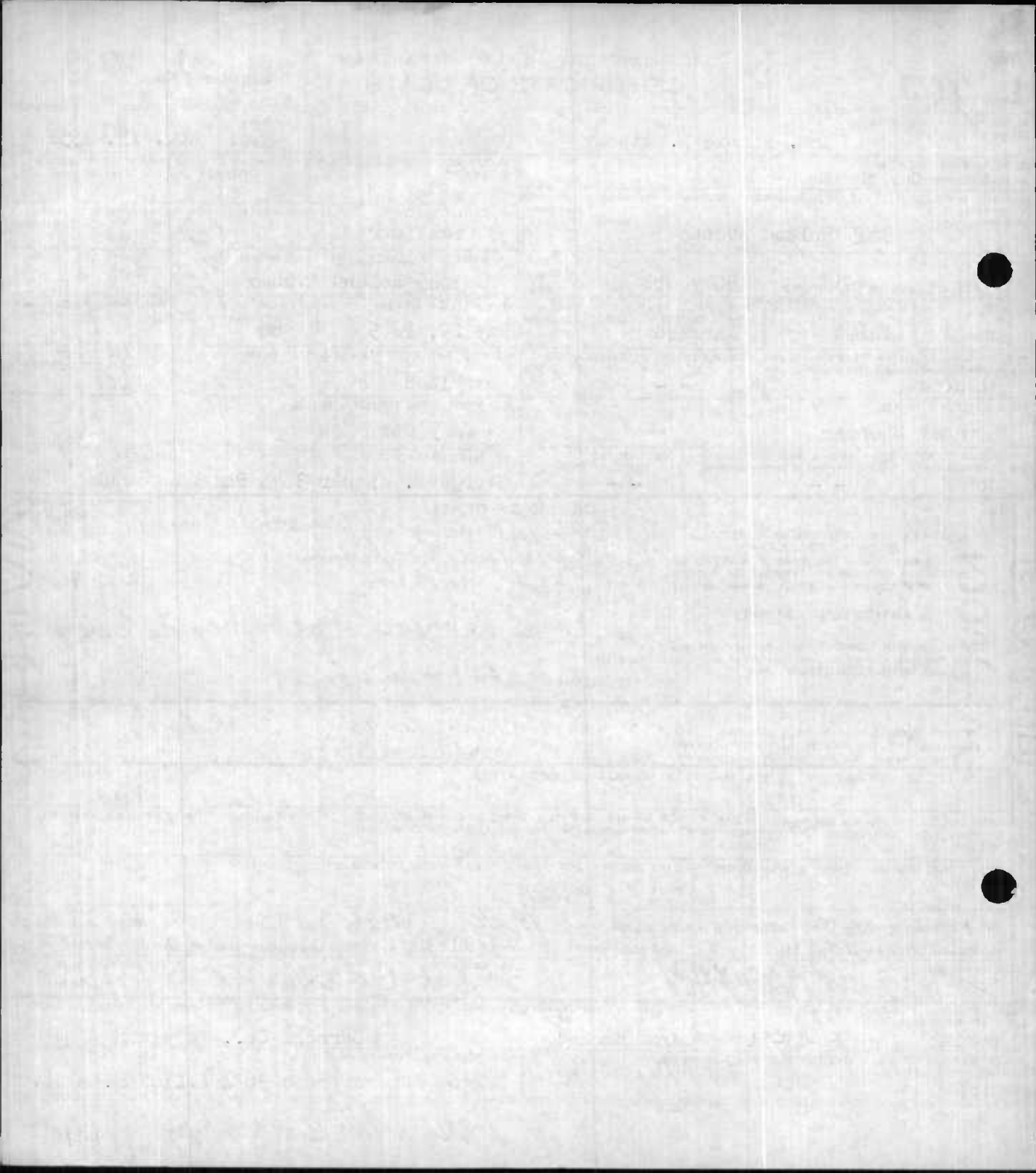
II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Cerebrovascular accident (Cerebral Hemorrhage)

INTERVAL BETWEEN ONSET AND DEATH
9 weeks
3 years
20 years +
8 mos.
1 yr.
10 weeks

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from May, 1947, to 15 Nov, 1951, that I last saw the deceased alive on 15 Nov, 1951, and that death occurred at 1:30 p.m., from the causes and on the date stated above.					
23A. SIGNATURE [Signature]		23B. ADDRESS 2020 N. Charles St		23C. DATE SIGNED 17 Nov 51	

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 11-19-51	24C. NAME OF CEMETERY OR CREMATORY Greenmount	24D. LOCATION (City, town, or county) (State) Carroll Co., Maryland
DATE RECEIVED BY LOCAL REGISTRAR OV 17 1951	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR ADDRESS Burgee Funeral Home 3631 Falls Rd. Balto. Md Herice Burgee Jr. 61	



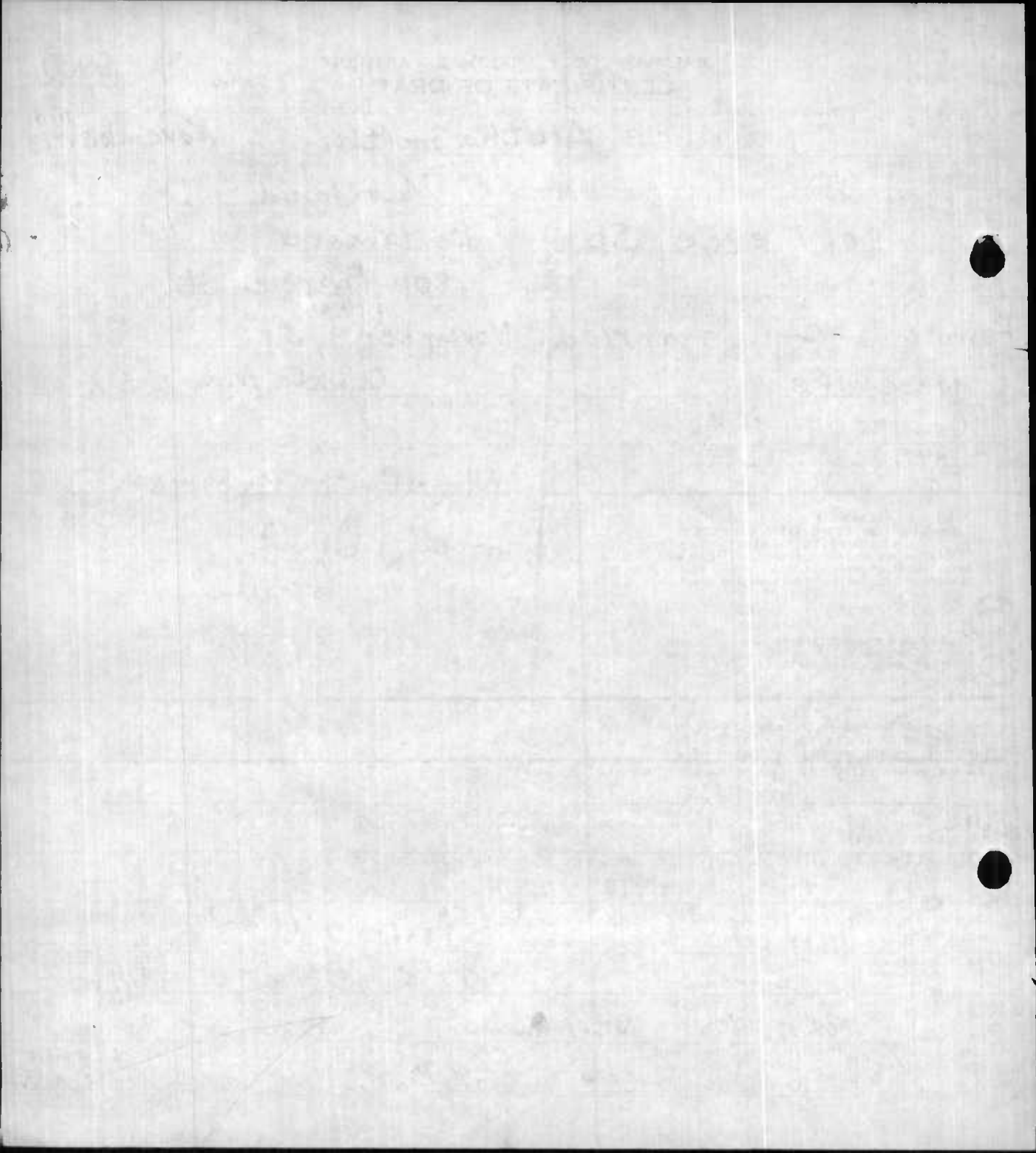
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51 9930

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 9930

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		Alice Aletha Smith,		November 13, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION 801 Pierce St.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 17-03			
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 801 Pierce St.			
5. SEX Female	6. COLOR OR RACE C	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married.		8. DATE OF BIRTH November 9, 1893	9. AGE (In years, last birthday) 58
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Calvert Co. Md.	
13. FATHER'S NAME Gable White		14. MOTHER'S MAIDEN NAME ?		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS William Smith 801 Pierce St.	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 420.1 I Cormany Deant Disuse		CAUSE OF DEATH (A) DUE TO (B) DUE TO (C) DUE TO		INTERVAL BETWEEN ONSET AND DEATH ?	
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1/11/50, 19, to 11/13/51, 19, that I last saw the deceased alive on 11/13/51, and that death occurred at 8:30 PM, from the causes and on the date stated above.					
23A. SIGNATURE Wm. Cameron		23B. ADDRESS 758 Gess St. M. D.		23C. DATE SIGNED 11/16/51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Nov. 17, 1951		24C. NAME OF CEMETERY OR CREMATORY Mt. Auburn.	
24D. LOCATION (City, town, or county) (State) Baltimore, Md.		24E. NAME OF CEMETERY OR CREMATORY Mt. Auburn.		24F. LOCATION (City, town, or county) (State) Baltimore, Md.	
DATE RECEIVED BY LOCAL REGISTRAR NOV 17 1951		REGISTRAR'S SIGNATURE for William M.		25. FUNERAL DIRECTOR ADDRESS Mrs. Katie R. Williams Schoder St. 322 N	

MEDICAL CERTIFICATION



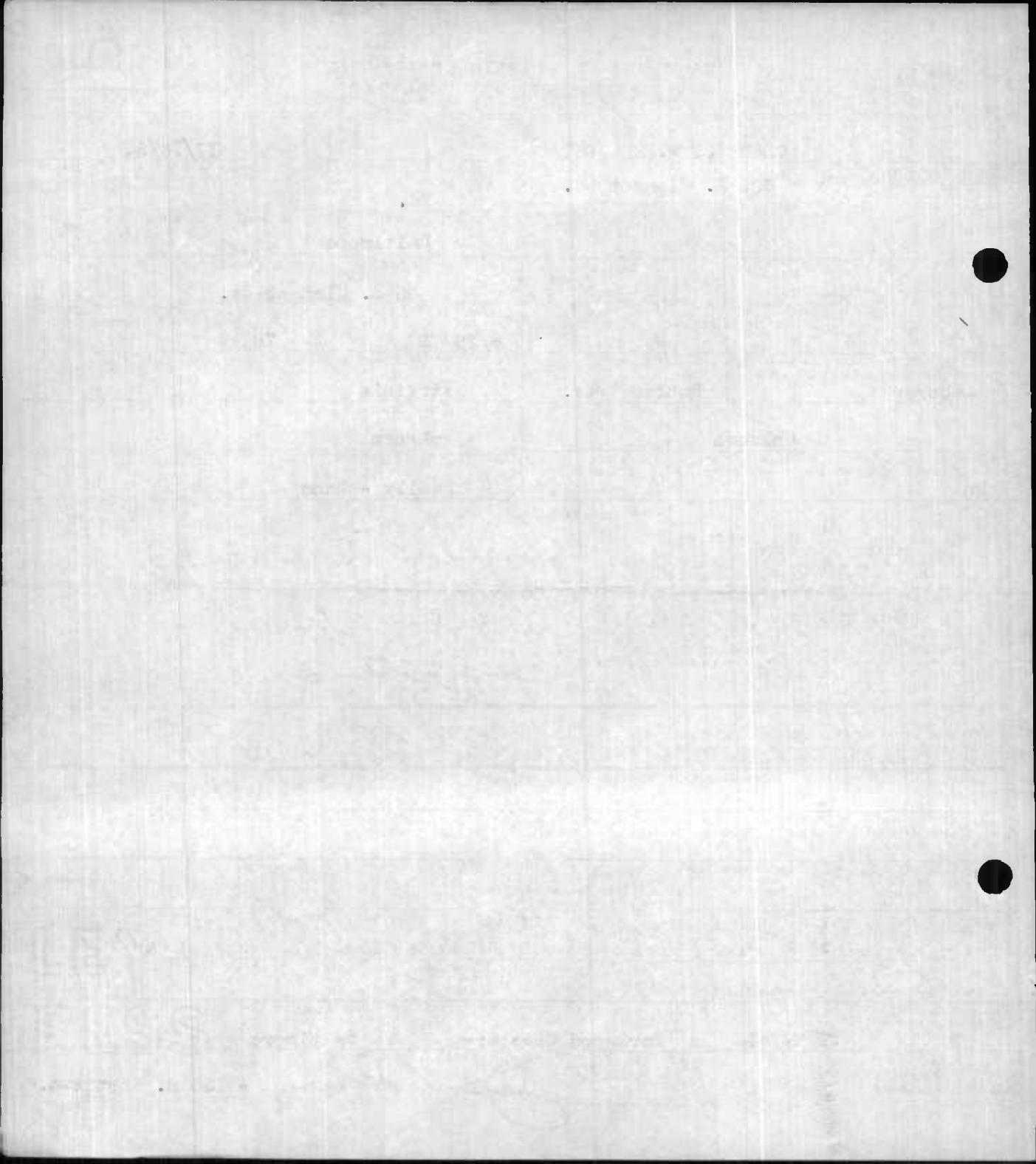
430
51 9931

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 9931
Registered No.

1. NAME OF DECEASED (Type or Print) CLARENCE W. ELLIOTT		2. DATE OF DEATH 11/16/51	
3. PLACE OF DEATH: A. Baltimore City, Maryland 605 E. Clement St.		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Md. B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Baltimore	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 605 E. Clement St.	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) W	8. DATE OF BIRTH 8/29/75
9. AGE (In years last birthday) 76		10. CITIZEN OF WHAT COUNTRY?	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10B. KIND OF BUSINESS OR INDUSTRY Butler Bros.	
11. BIRTHPLACE (State or foreign country) Virginia		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Unknown		14. MOTHER'S MAIDEN NAME Unknown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	
17. INFORMANT Family - Same		ADDRESS	
18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary Thrombosis DUE TO arteriosclerosis DUE TO Hypertension DUE TO		INTERVAL BETWEEN ONSET AND DEATH	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Dec , 1950 to Nov 15 , 1951, that I last saw the deceased alive on Nov 15 , 1951, and that death occurred at 8.4 m., from the causes and on the date stated above.			
23A. SIGNATURE Louis J. McArthur M. D.		23B. ADDRESS 1 E. Randall St.	
23C. DATE SIGNED 11/17/51			
24A. BURIAL, CREMATION, REMOVAL (Specify) B		24B. DATE 11/19/51	
24C. NAME OF CEMETERY OR CREMATORY Parkwood Cemetery		24D. LOCATION (City, town, or county) (State) Baltimore	
DATE RECEIVED BY LOCAL REGISTRAR NOV 17 1951		REGISTRAR'S SIGNATURE William L. Williams, M.D.	
25. FUNERAL DIRECTOR James L. DeLoach		ADDRESS - 130 E. Fort Ave.	

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9932BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 9932
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Margaret Brown</i>		2. DATE OF DEATH <i>11/14/51</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland ✓		4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Baltimore</i>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>South Baltimore General Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write R.R. and give township) <i>Baltimore</i>			
C. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <i>1415 Battery Ave.</i>			
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>10/5/96</i>	9. AGE (in years last birthday) <i>55</i>	If Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Floor Lady</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Branigan & Green Clothing Co.</i>		11. BIRTHPLACE (State or foreign country) <i>Kentucky</i>	
13. FATHER'S NAME <i>George W. Franz</i>		14. MOTHER'S MAIDEN NAME <i>Elizabeth Round</i>		12. CITIZEN OF WHAT COUNTRY? ✓	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO.		17. INFORMANT <i>Family - Same</i>	
18. <i>540.0</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH (A) <i>Pneumonia, hypostatic</i> DUE TO (B) <i>Gastric ulcer</i> DUE TO (C) <i>Cholelithiasis</i>		INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION <i>Nov. 8/51</i>		19B. MAJOR FINDINGS OF OPERATION <i>Acute ulcerations anteriorly + posterior - pyloric region</i>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDER- LYNING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>10/26/51</i> , 19__, to <i>11/14/51</i> , 19__, that I last saw the deceased alive on <i>11/14/51</i> , 19__, and that death occurred at <i>10:45 P.M.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Adrian G. Ogara</i>		23B. ADDRESS <i>1213 Light Street</i>		23C. DATE SIGNED <i>11/15/51</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE <i>11-19-51</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Louisa Park</i>	
24D. LOCATION (City, town, or county) (State) <i>Baltimore</i>		25. FUNERAL DIRECTOR <i>James L. Lacey</i>			
DATE RECEIVED BY LOCAL REGISTRAR <i>NOV 17 1951</i>		REGISTRAR'S SIGNATURE <i>Walterton Williams, M.D.</i>		ADDRESS <i>130 E. Fort Ave.</i>	

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

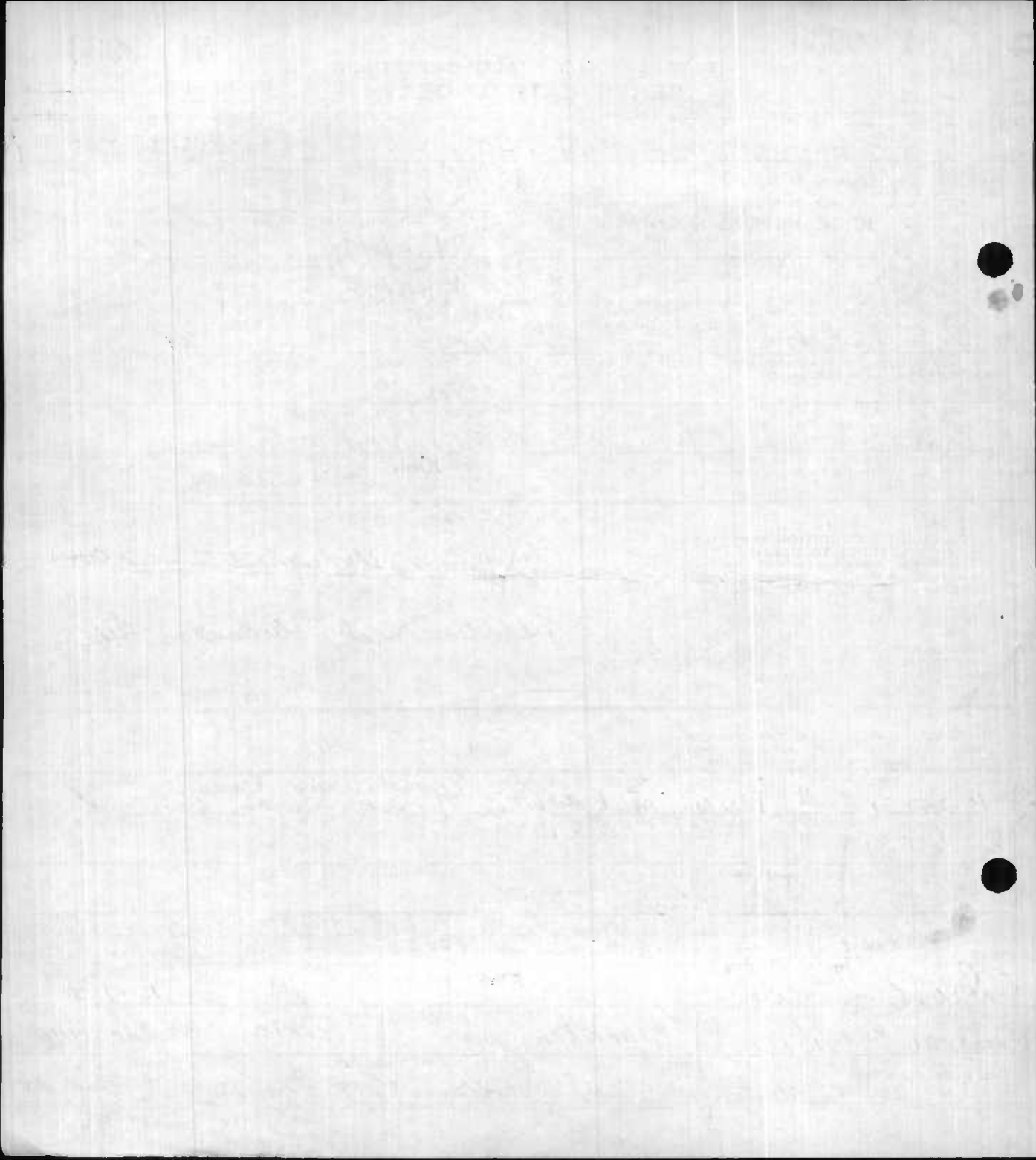
Registered No.

1. NAME OF DECEASED (Type or Print) Ernest Hufham		2. DATE OF DEATH NOV 17 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE N.C. B. COUNTY V-30	
B. FULL NAME OF HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Clarkton	
D. STREET ADDRESS (If rural, give location) Router			
5. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days			
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 7-1-51
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 4
13. FATHER'S NAME Ernest Hufham		14. MOTHER'S MAIDEN NAME Mildred Brown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMATION		ADDRESS JOHNS HOPKINS HOSPITAL	

18. 757.3 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	CAUSE OF DEATH (A) Chronic pyelonephritis DUE TO	INTERVAL BETWEEN ONSET AND DEATH 3 mo.
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) Bladder neck obstruction DUE TO	Life
(C)		

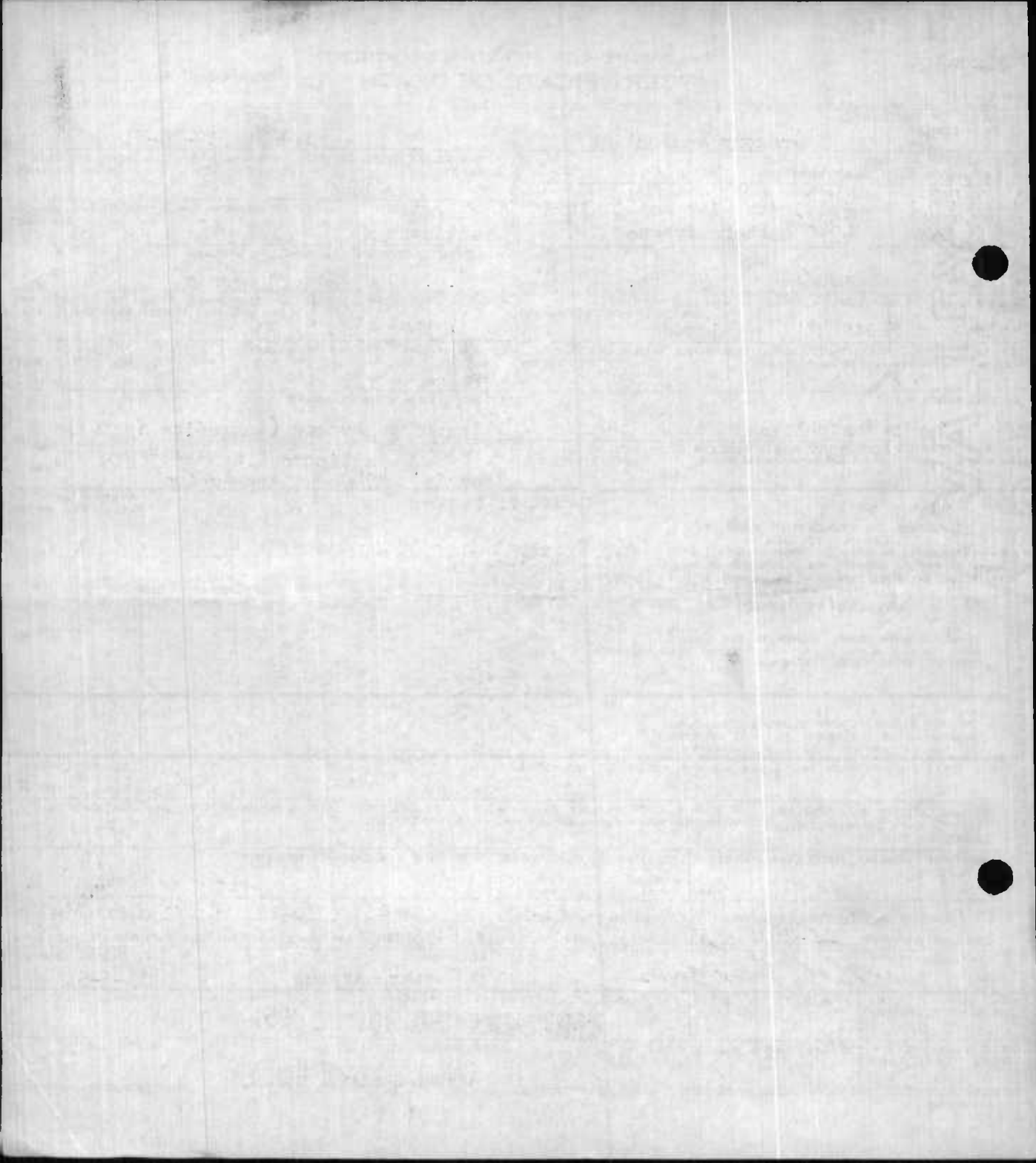
II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 10-25-51		19B. MAJOR FINDINGS OF OPERATION Bladder neck obstruction		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 10-8-1951 to 11-17-1951 , that I last saw the deceased alive on 11-17-1951 , and that death occurred at 1204 a.m., from the causes and on the date stated above.					
23A. SIGNATURE David L. Spence		23B. ADDRESS JOHNS HOPKINS HOSPITAL		23C. DATE SIGNED 11-17-51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Removal		24B. DATE 11/17/51		24C. NAME OF CEMETERY OR CREMATORY Clarkton	
24D. LOCATION (City, town, or county) (State) Clarkton, N. Carolina		25. FUNERAL DIRECTOR William Cook Inc.		ADDRESS 1217 St Paul St	
DATE RECEIVED BY NOV 18 1951		REGISTRAR'S SIGNATURE Huntington Williams			



35 51 9934
ND-99856BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 9934
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) Gregory Kostonlias		2. DATE OF DEATH 10-28-51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Avenue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 26-12			
c. Length of stay in Baltimore 35 Yrs.		D. STREET ADDRESS (If rural, give location) B.C.H. 4940 Eastern Avenue			
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 1 1 1878	9. AGE (in years last birthday) 73	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Greece	
13. FATHER'S NAME Jimmie Kostonlias		12. CITIZEN OF WHAT COUNTRY?			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S ADDRESS Baltimore City Hospitals Records: 4940 Eastern Avenue	
18. 332 X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Cerebral Thrombosis with right hemiplegia DUE TO (A) (B) (C) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH 9 Days	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 3-12 , 19 46 to 10-28 , 19 51 , that I last saw the deceased alive on 10-28 , 19 51 and that death occurred at 8:35pm. , from the causes and on the date stated above.					
23A. SIGNATURE P. S. Berger M. D.		23B. ADDRESS 4940 Eastern Avenue		23C. DATE SIGNED 11-5-51	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY UNIVERSITY MEDICAL SCHOOL NOV 7 1951	
DATE RECEIVED BY LOCAL REGISTRAR NOV 18 1951		REGISTRAR'S SIGNATURE Commissioner of Health		25. FUNERAL DIRECTOR Commissioner of Health ADDRESS	



156 51 9935

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 9935
Registered No.

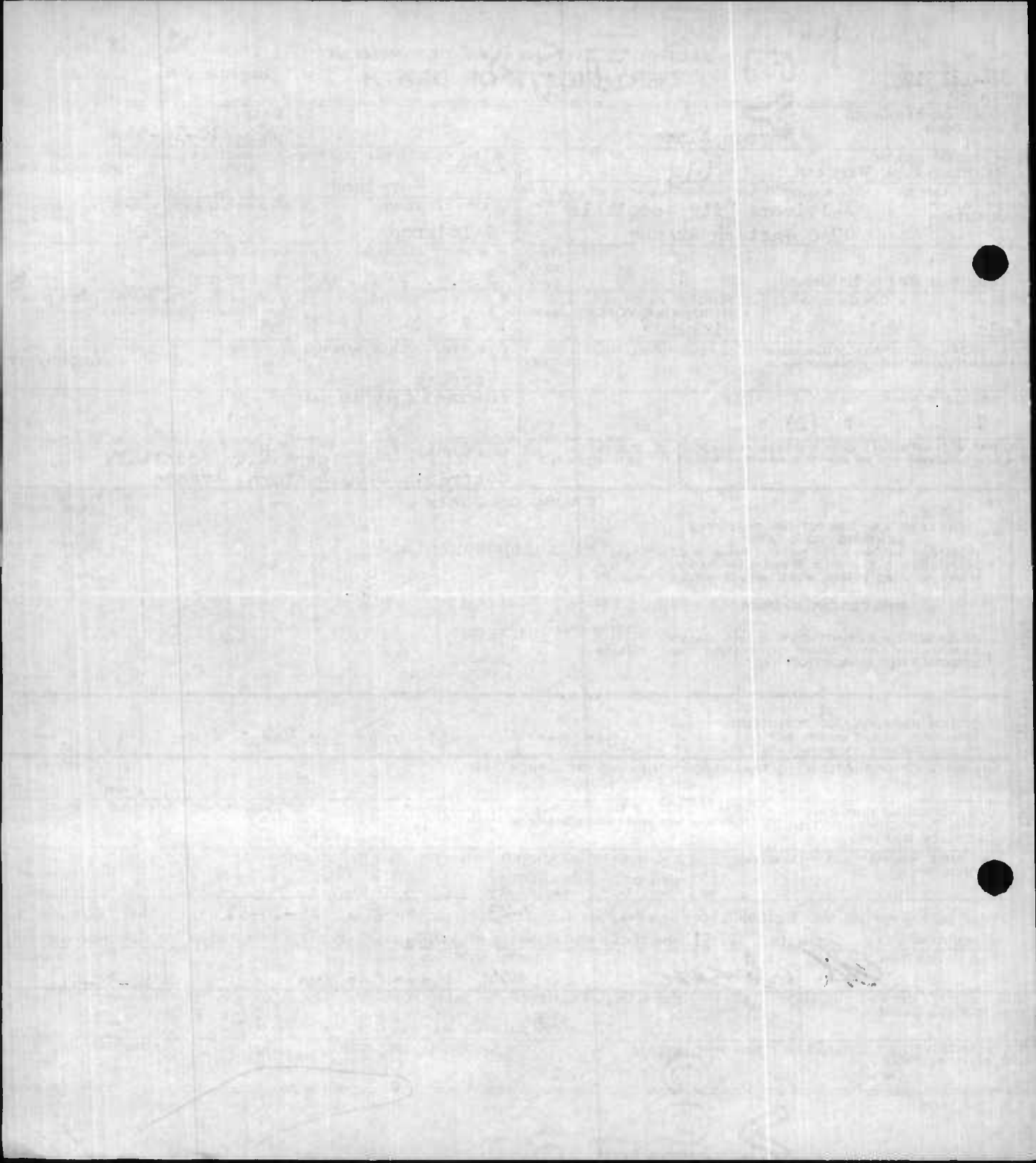
1. NAME OF DECEASED (Type or Print) Herman Klammer		2. DATE OF DEATH 10-16-51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Avenue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 26-12	
c. Length of stay in Baltimore ? Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) B.C.H. 4940 Eastern Avenue	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single ?	8. DATE OF BIRTH ? ? ?
9. AGE (in years last birthday) 65 ?		10. UNDER 24 Hours: Months: Days: Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Germany		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME ? ? (D)		14. MOTHER'S MAIDEN NAME ? ? (D)	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Baltimore City Hospitals Records: 4940 Eastern Avenue		ADDRESS	

18. 447X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Bronchopneumonia DUE TO CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH 3 Days	
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (B) DUE TO (C)	

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Hypertensive cardio vascular Renal Disease 3 Yrs. +	
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19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 7-23 , 19 48 , to 10-16-51 , 19 51 , that I last saw the deceased alive on 10-16 , 19 51 and that death occurred at 8:45a m., from the causes and on the date stated above.					
23A. SIGNATURE W. H. Rogers M. D.		23B. ADDRESS 4940 Eastern Avenue		23C. DATE SIGNED 10-31-51	

24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY UNIVERSITY MEDICAL SCHOOL		24D. LOCATION (City, town, or county) (State) NOV 7 1951	
DATE RECEIVED BY LOCAL REGISTRAR NOV 18 1951		REGISTRAR'S SIGNATURE William Williams		25. FUNERAL DIRECTOR Commissioner of Health		ADDRESS	



51 9936

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AB-84788

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

John Marshall

2. DATE
OF
DEATH

10-14-1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTEBaltimore City Hospitals
4940 Eastern Ave.

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

13. FATHER'S NAME

John

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

Baltimore City Hospitals-4940 Eastern Ave

8. DATE OF BIRTH

March 6-1868

9. AGE (In years last birthday)

83

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Margaret Jones

17. INFORMANT ADDRESS
Baltimore City Hospitals
Records: 4940 Eastern Ave.

18. 422.1 CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Thrombosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

?

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Arteriosclerotic cardio vascular disease

?

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

22. I hereby certify that I attended the deceased from 11-9-1943 to 10-14-1951 that I last saw the deceased alive on 10-14-1951, and that death occurred at 2.20 P.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

4940 Eastern Ave Baltimore, Md.

10-31-1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

UNIVERSITY MEDICAL SCHOOL NOV 7 1951

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

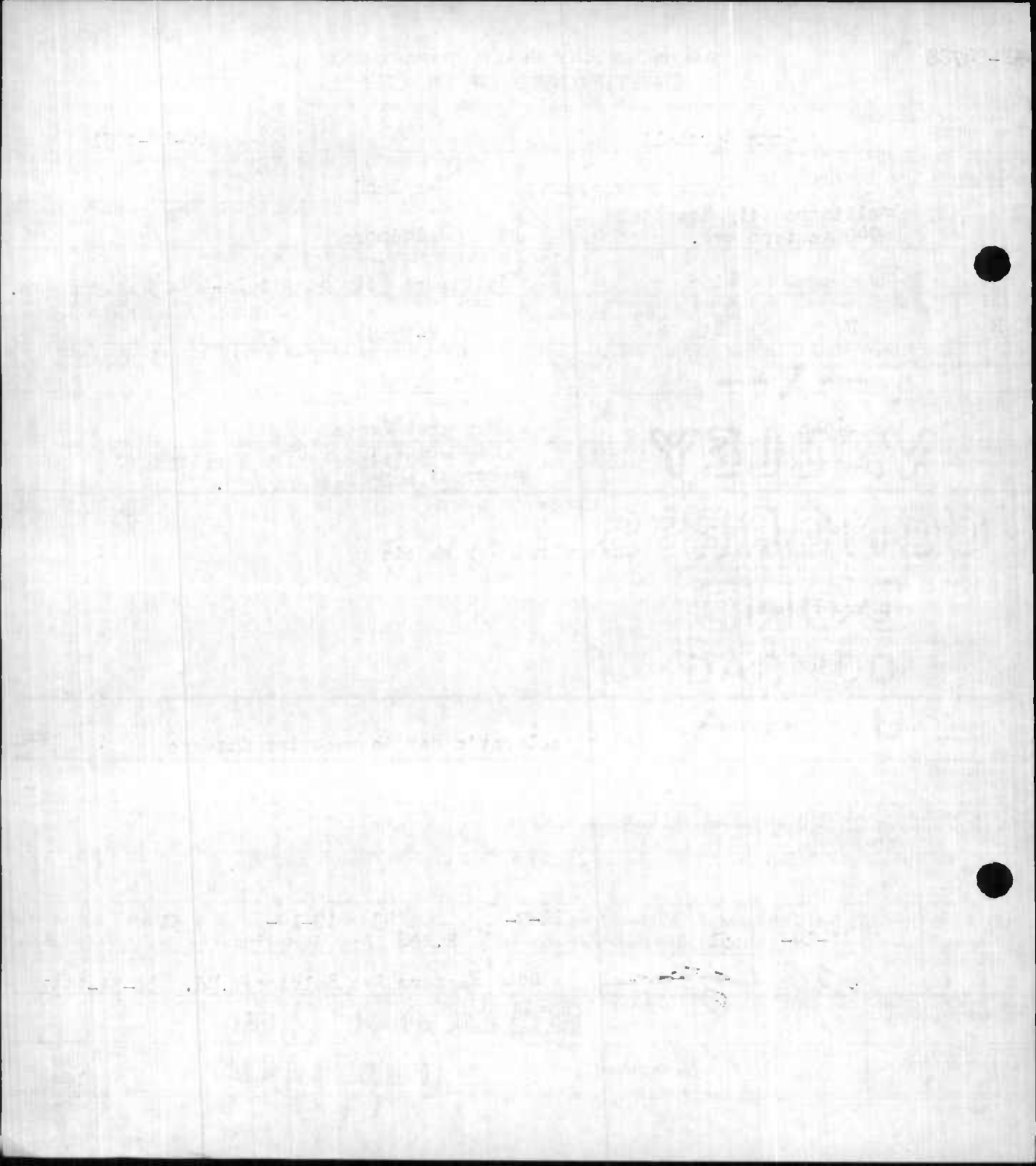
25. FUNERAL DIRECTOR

ADDRESS

NOV 18 1951

Registrar's Signature

Commissioner of Health



60 51 9937

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 9937
Registered No.ND-90756
BIRTH NO.

1. NAME OF DECEASED (Type or Print) Charles Linier		2. DATE OF DEATH 10-13-51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Avenue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 26-12	
c. Length of stay in Baltimore 39 Yrs.		D. STREET ADDRESS (If rural, give location) B.C.H. 4940 Eastern Avenue	
5. SEX Male	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH ???
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		9. AGE (in years last birthday) 74	
10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) N/C.	
13. FATHER'S NAME Abraham		12. CITIZEN OF WHAT COUNTRY?	
14. MOTHER'S MAIDEN NAME Marie Pritchard		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	
16. SOCIAL SECURITY NO.		17. INFORMANT Baltimore City Hospitals Records: 4940 Eastern Avenue	

18. **491X and 177X**
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

(A) **Bronchopneumonia**
DUE TO

?

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

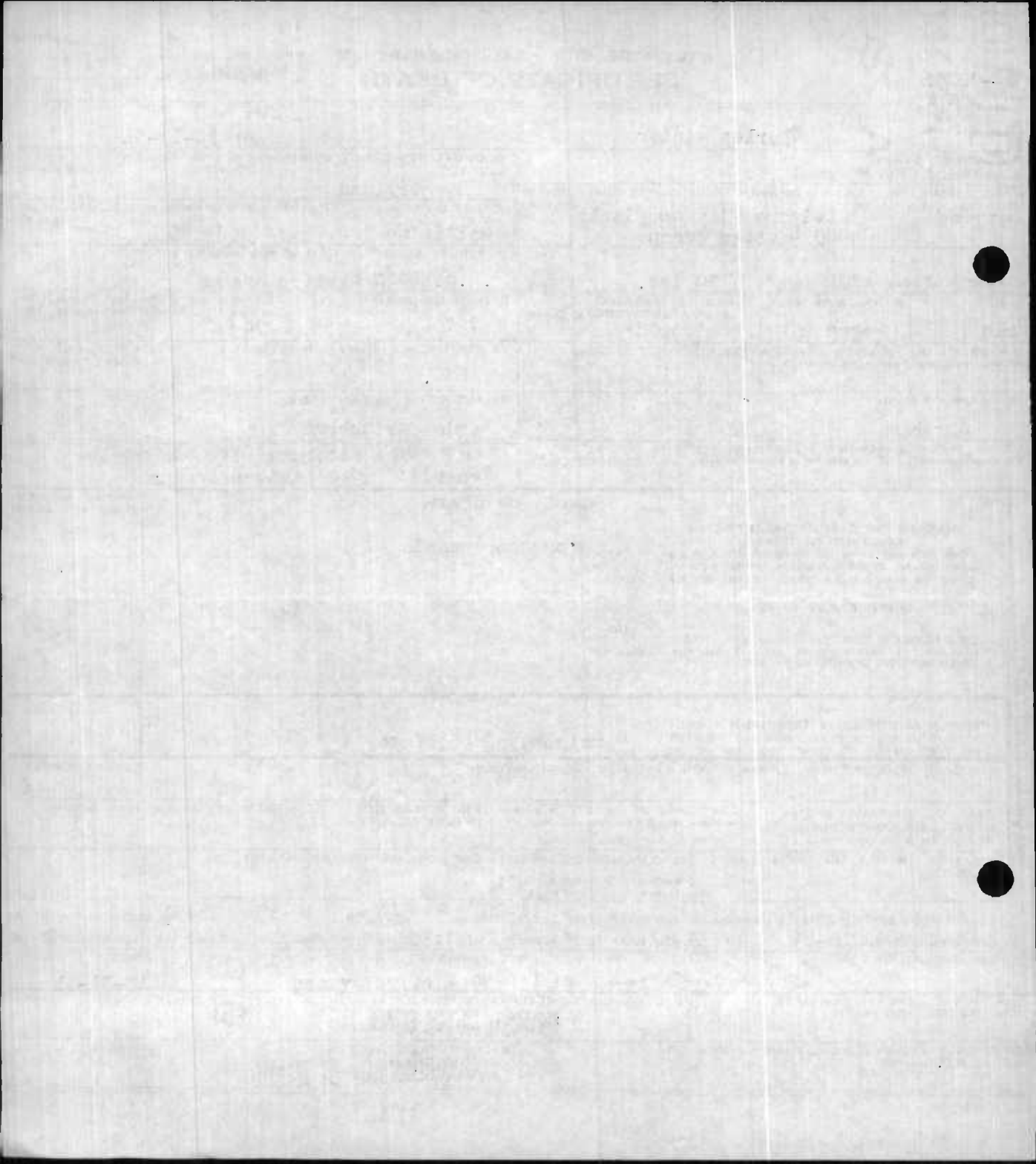
Carcinoma of Prostate

?

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 11-20 , 19 44 , to 10-13 , 19 51 , that I last saw the deceased alive on 10-13 , 19 51 and that death occurred at 3:30pm. , from the causes and on the date stated above.					
23A. SIGNATURE J.S. Pagan		23B. ADDRESS 4940 Eastern Avenue		23C. DATE SIGNED 10-31-51	

24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY		24D. LOCATION (City, town, or county) (State)	
DATE RECEIVED BY LOCAL REGISTRAR NOV 18 1951		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR Commissioner of Health		ADDRESS	

51B ✓



51 9938

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 9938

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARY PEREL

2. DATE
OF
DEATH November 16, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE
Maryland

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

3317 Sequoia Avenue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3317 Sequoia Avenue

c. Length of stay in Baltimore

50 Yrs

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

WIDOW

8. DATE OF BIRTH

1886

9. AGE (in years
last birthday)

65

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR
INDUSTRY

own home

11. BIRTHPLACE (State or foreign country)

Germany

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Jacob Scherr

14. MOTHER'S MAIDEN NAME

Unkown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT
ADDRESS
Sam Perel- 3317 Sequoia Avenue

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Coronary Arteriosclerosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Coronary Thrombosis

DUE TO

(C)

5 Months

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from June 8, 1951, to Nov 16, 1951, that I last saw the
deceased alive on Nov 10, 1951, and that death occurred at 3:45 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

11-17-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

11/18/51

24C. NAME OF CEMETERY OR CREMATORY

Sodova Congregation

24D. LOCATION (City, town, or county)

Baltimore, Maryland

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE Herring Run

25. FUNERAL DIRECTOR

ADDRESS

NOV 18 1951

Herring Run

Sol Levinson + Bros - 1124-26 W North

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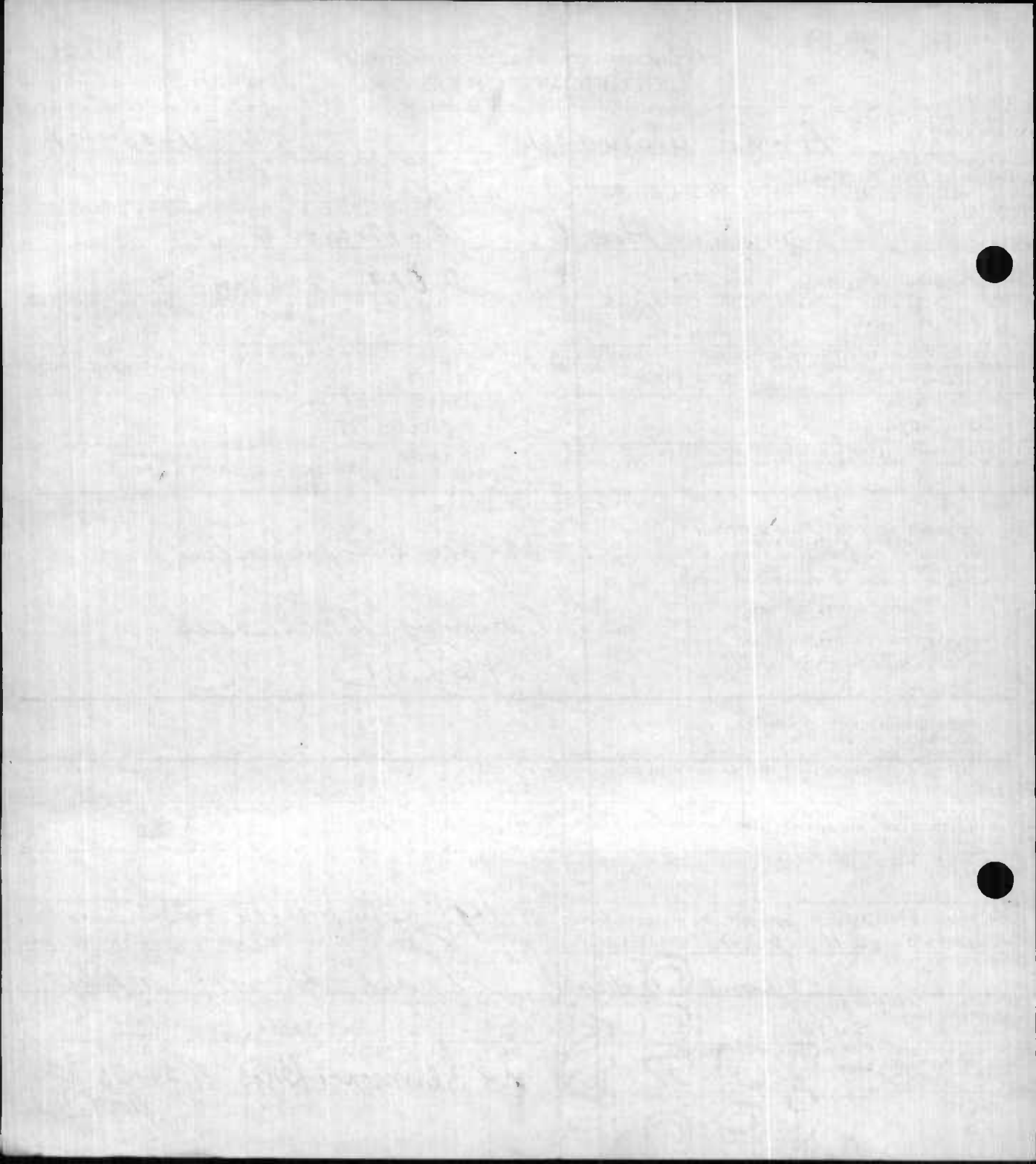
14 51 9939

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 9939
Registered No.

BIRTH NO.			1. NAME OF DECEASED (Type or Print) <i>Anne Weinapple</i>			2. DATE OF DEATH <i>11-16-51</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>md</i> B. COUNTY					
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>Sinai Hosp</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 20-03</i>					
C. Length of stay in Baltimore <i>24 yrs.</i>			D. STREET ADDRESS (If rural, give location) <i>2019 Ashton St.</i>					
5. SEX <i>female</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>MARRIED</i>	8. DATE OF BIRTH <i>1883</i>	9. AGE (In years last birthday) <i>68</i>	10. Under 1 Year Months: Days	11. Under 24 Hours Hours: Min.		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>housewife</i>			10B. KIND OF BUSINESS OR INDUSTRY <i>own home</i>			11. BIRTHPLACE (State or foreign country) <i>Poland</i>		
12. CITIZEN OF WHAT COUNTRY? <i>USA</i>			13. FATHER'S NAME <i>Sol Kuryk</i>			14. MOTHER'S MAIDEN NAME <i>Rebecca ??</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <i>Yes, no or unknown</i>			16. SOCIAL SECURITY NO.			17. INFORMANT ADDRESS <i>Hyman Weinapple-2019 Ashton Street</i>		

18. <i>42011</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Myocardial infarction</i> DUE TO (A) <i>Coronary Occlusion</i> (B) <i>ASEVD</i> (C) <i>ASEVD</i>		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>11/9/51</i> to <i>11/16/51</i> , that I last saw the deceased alive on <i>11/16/51</i> and that death occurred at <i>8:00</i> m., from the causes and on the date stated above.					
23A. SIGNATURE <i>James J. Golder, M.D.</i>		23B. ADDRESS <i>Sinai Hosp</i>		23C. DATE SIGNED <i>11/16/51</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>11/18/51</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Bnai Jacob Congregation</i>	
		24D. LOCATION (City, town, or county) <i>Baltimore, Maryland</i>			
DATE RECEIVED BY LOCAL REGISTRAR <i>NOV 18 1951</i>		REGISTRAR'S SIGNATURE <i>Wm. Williams, M.D.</i>		25. FUNERAL DIRECTOR <i>Sol. Levinson & Bros.</i>	
				ADDRESS <i>-1124-26 W. North Ave.</i>	



51 9940

51 9940

ND-153170

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

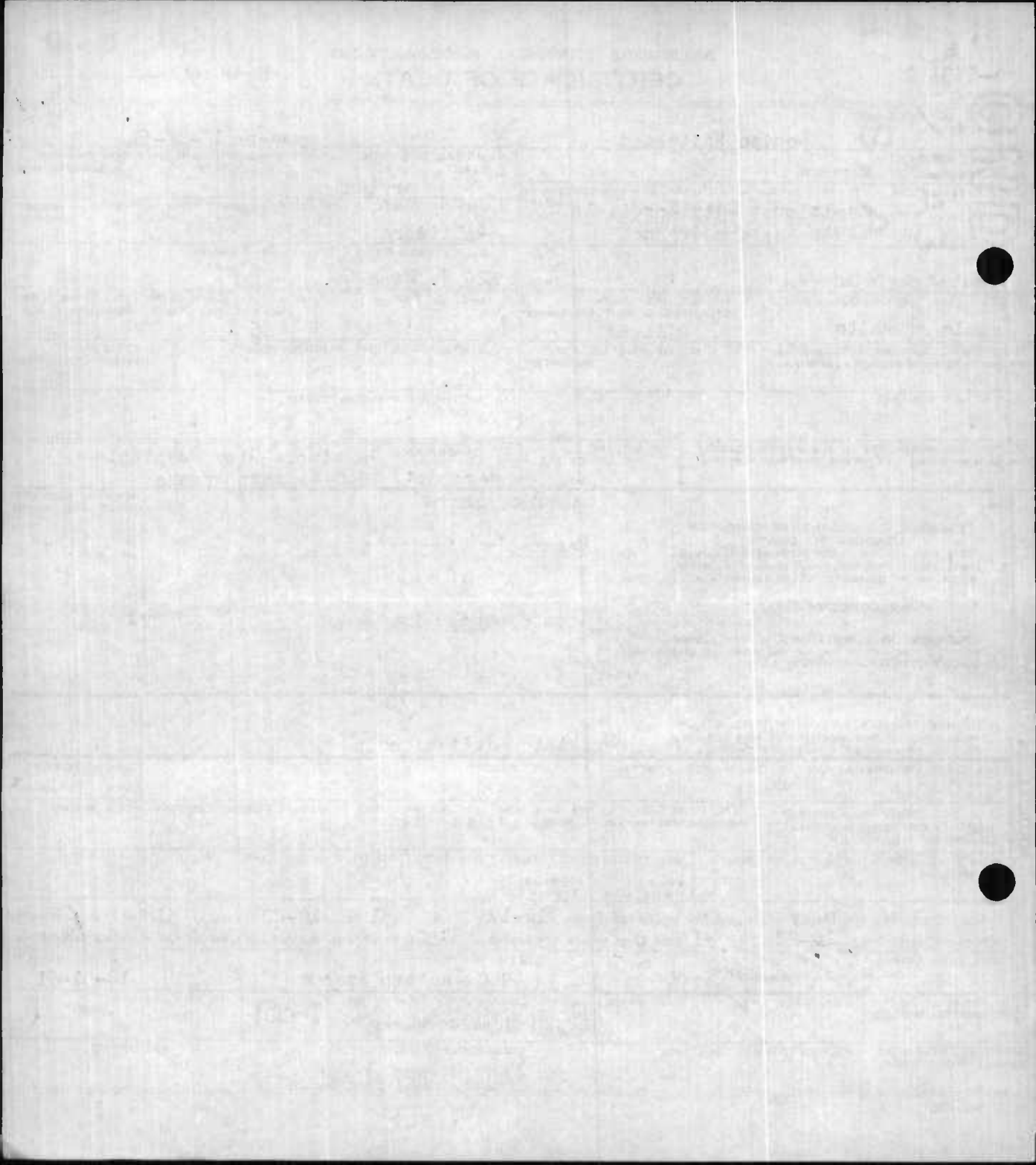
BIRTH NO.

1. NAME OF DECEASED (Type or Print) Louise Whitehead		2. DATE OF DEATH 10-22-51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Avenue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 4-02	
c. Length of stay in Baltimore Yrs. ? Mos. ? Days ?		D. STREET ADDRESS (If rural, give location) 125 N. Pine St.	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH ? ? ?
9. AGE (in years last birthday) 55 ?		10. Under 1 Year: Months ? Days ? 11. Under 24 Hours: Hours ? Min. ?	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Md.		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME ?		14. MOTHER'S MAIDEN NAME ?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Baltimore City Hospitals Records: 4940 Eastern Avenue			

18. 581.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Laennec's Cirrhosis DUE TO CAUSE OF DEATH Chronic Alcoholism DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Multiple Avitaminosis		INTERVAL BETWEEN ONSET AND DEATH 3 yrs. 7 ? ?
---	--	---

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from 10-17 , 19 51 to 10-22 , 19 51 that I last saw the deceased alive on 10-22 , 19 51 and that death occurred at 8:50 a.m. , from the causes and on the date stated above.				
23A. SIGNATURE J. B. Cozen M. D.	23B. ADDRESS 4940 Eastern Avenue	23C. DATE SIGNED 10-31-51		

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY UNIVERSITY MEDICAL SCHOOL NOV 7 1951	24D. LOCATION (City, town, or county) (State)
DATE RECEIVED BY LOCAL REGISTRAR NOV 18 1951	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR Commissioner of Health	ADDRESS



51 9941

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 9941
Registered No.

ND-12622

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Emma Harden

2. DATE
OF
DEATH 10-23-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)Baltimore City Hospitals
4940 Eastern Avenue

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE
Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

B.C.H. 4940 Eastern Avenue

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Separated

8. DATE OF BIRTH

Oct. 7, 1932

9. AGE (in years
last birthday)

69

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Mose (Moses Harden)

14. MOTHER'S MAIDEN NAME

Martha Shuler

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
Yes, no or unknown

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.17. INFORMANT Baltimore City Hospitals
Records: 4940 Eastern Avenue

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Bronchopneumonia

DUE TO

1 Wk.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Cerebral Thrombosis with Hemiplegia

?

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-12, 1932 to 10-23, 1951, that I last saw the
deceased alive on 10-23, 1951 and that death occurred at 10:45 a.m., from the causes and on the date stated above.

23A. SIGNATURE

E. H. Hogan

M. D.

23B. ADDRESS

4940 Eastern Avenue

23C. DATE SIGNED

10-31-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

UNIVERSITY MEDICAL SCHOOL NOV 7 1951

DATE RECEIVED BY
LOCAL REGISTRAR

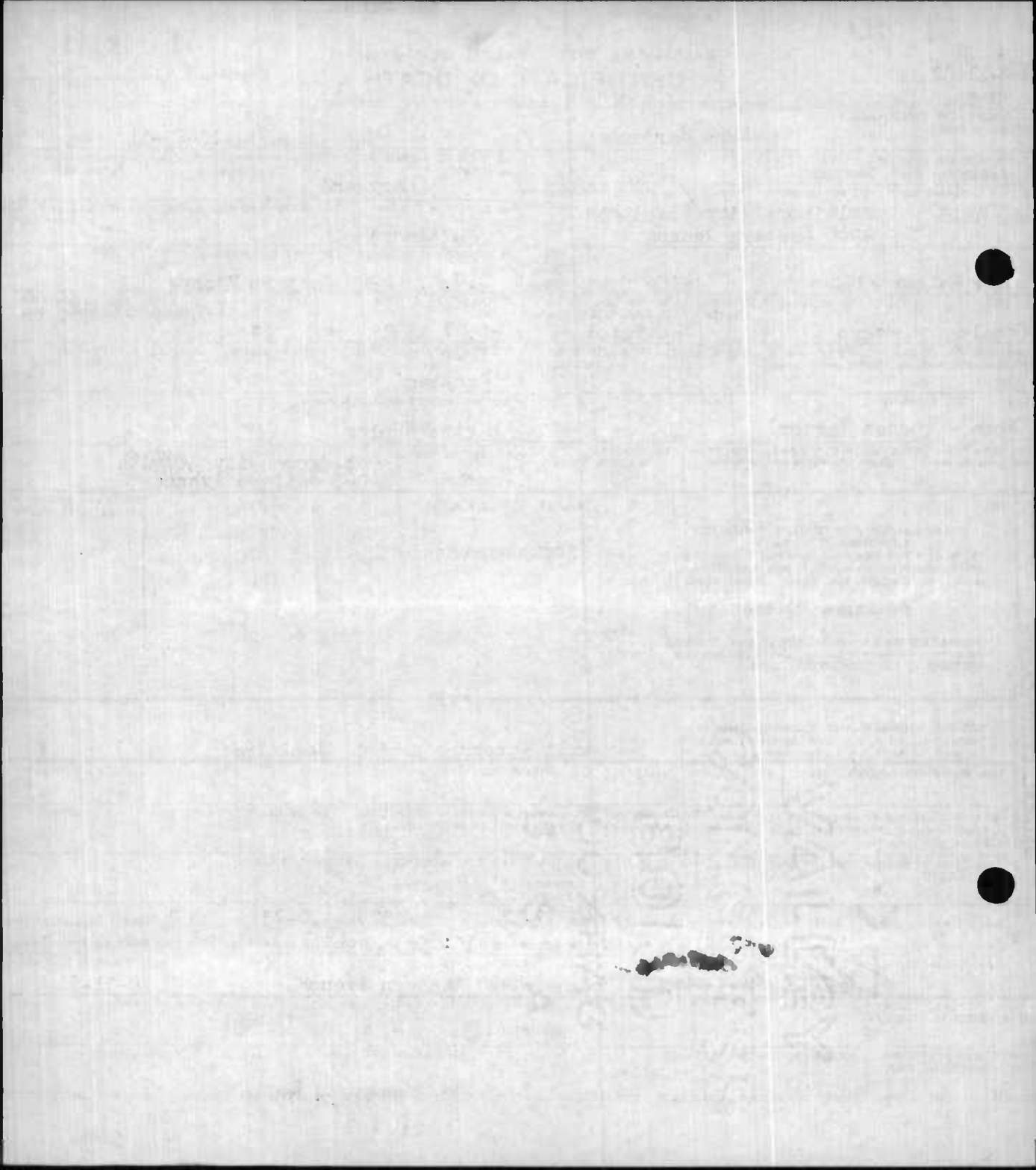
REGISTRAR'S SIGNATURE

William H. Williams

25. FUNERAL DIRECTOR

ADDRESS

Commissioner of Health



30

51 9942

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

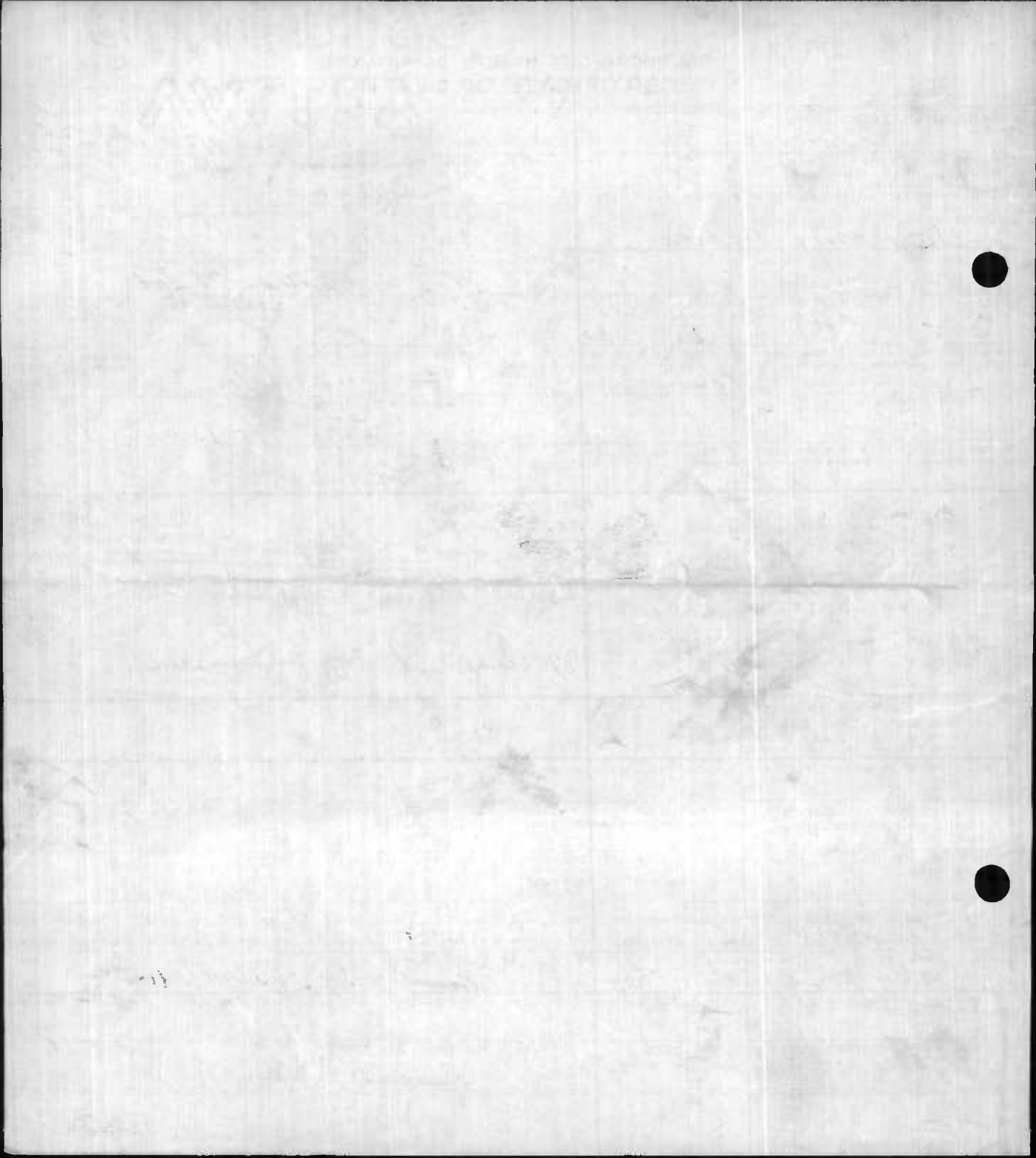
51 9942
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Bonetta Smith</i>		2. DATE OF DEATH <i>Nov 1 1951 2:25 AM</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>University Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 17-01</i>			
C. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <i>933 SHIELDS PLACE</i>			
5. SEX <i>♀</i>	6. COLOR OR RACE <i>Col.</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>DIVORCED</i>	8. DATE OF BIRTH <i>?</i>	9. AGE (In years last birthday) <i>31</i>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Dish Washer</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Various Spots</i>		11. BIRTHPLACE (State or foreign country) <i>Pa. Mississippi</i>	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME <i>?</i>			
14. MOTHER'S MAIDEN NAME <i>EXIE A Dames</i>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unkwon) (If yes, give war or dates of service)			
16. SOCIAL SECURITY NO.		17. INFORMANT <i>Patient</i>			

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>446 X</i>	CAUSE OF DEATH <i>Myocardial Infarction</i>	INTERVAL BETWEEN ONSET AND DEATH <i>3 mo.</i>
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE. (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	(A) DUE TO <i>Myocardial Infarction</i> (B) DUE TO <i>Arteriosclerosis</i> (C) DUE TO <i>Hypertension</i>	

19A. DATE OF OPERATION <i>2/1</i>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <i>10/26/51</i> , 19 <i>51</i> , to <i>Nov 1/51</i> , 19 <i>51</i> , that I last saw the deceased alive on <i>Nov 1</i> , 19 <i>51</i> , and that death occurred at <i>12:25</i> p.m., from the causes and on the date stated above.		
23A. SIGNATURE <i>John E. Canall</i>	23B. ADDRESS <i>University Hospital</i>	23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
DATE RECEIVED BY LOCAL REGISTRAR <i>NOV 18 1951</i>		REGISTRAR'S SIGNATURE <i>University of Maryland</i>	25. FUNERAL DIRECTOR <i>Commissioner of Health</i>



51 9943

51 9943

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Charles Orem

2. DATE
OF
DEATH

Oct. 22, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland 801 Buren St

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE B. COUNTY before admission)

Friendly Inn Balto. Md

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Balto. City Jail Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give

Baltimore Md 22-01

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male White

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 002X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asphyxia, etc. It means the disease,
injury or complication which caused death.)(A) Pulmonary tuberculosis
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO
(C) Cirrhosis of liverII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/0/51, 19, to 10/22, 1951, that I last saw the
deceased alive on 10/22 1951, and that death occurred at 11:50 p.m. from the causes and on the date stated above.

23A. SIGNATURE

Mac Murchy

M. D.

23B. ADDRESS

801 Buren St

23C. DATE SIGNED

10/22/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

UNIVERSITY MEDICAL SCHOOL OCT 30 1951

DATE RECEIVED BY
LOCAL REGISTRAR

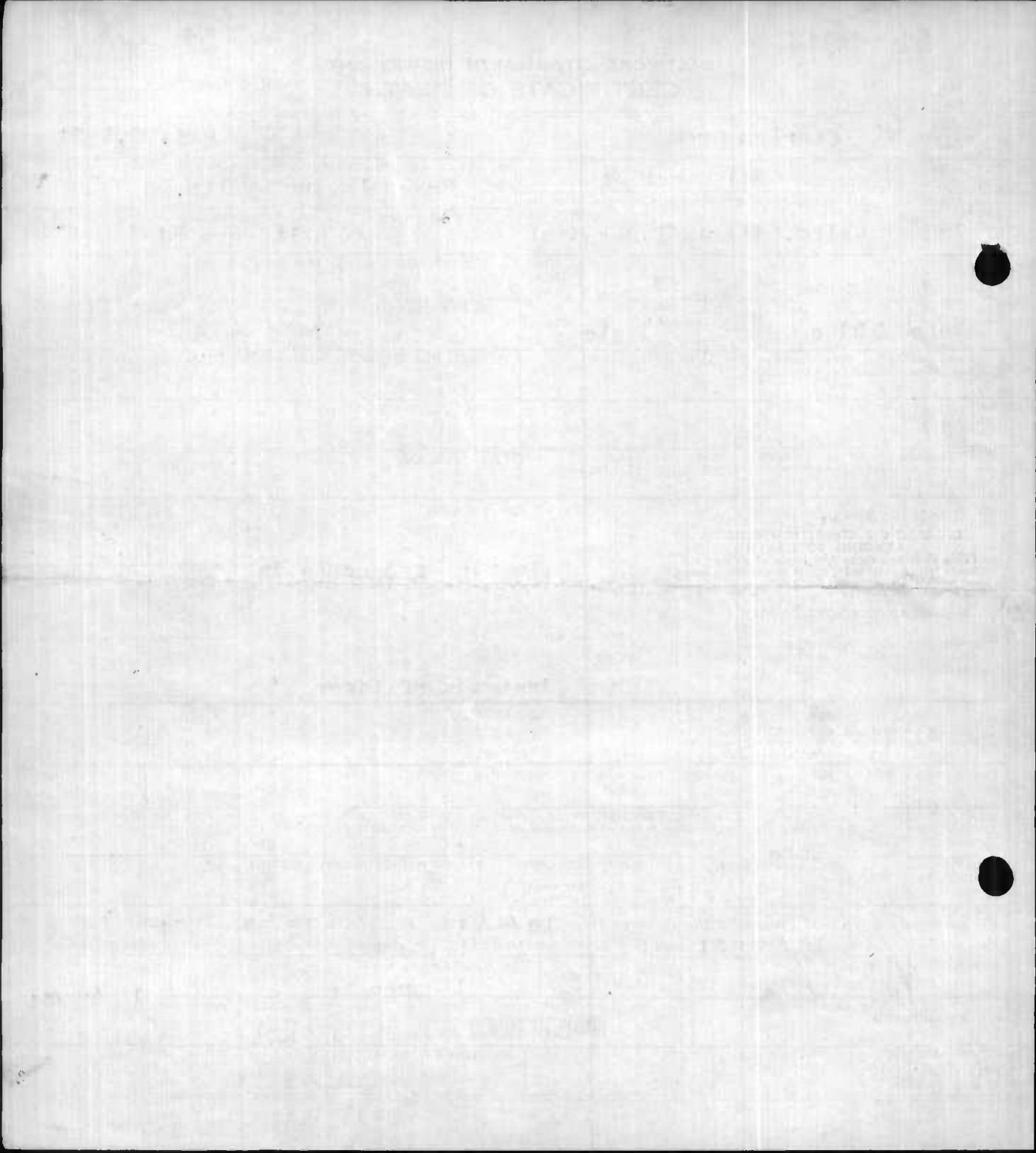
REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

25. FUNERAL DIRECTOR

ADDRESS

Commissioner of Health



51 9944

51 9944

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

3. PLACE OF DEATH:

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

C. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)4. USUAL RESIDENCE (Where deceased lived, If institution: residence
A. STATE B. COUNTY before admission)

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

8. DATE OF BIRTH

9. AGE (In years last birthday) If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18. CAUSE OF DEATH

DISEASE OR CONDITION, DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Skull Fracture

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Bilateral Fractures of

DUE TO

(C) Femur Tibia & Fibula

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
Street21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?
Monument Street and Pulaski Highway21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY
Oct. 20, 1951 10:15 P.m.21E. INJURY OCCURRED
WHILE AT ☐ WORK NOT WHILE ☒ AT WORK

21F. HOW DID INJURY OCCUR?

Pedestrian struck by auto

26/44

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William H. Hovatt

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
M.D. MEDICAL INVESTIGATOR.....23C. DATE SIGNED
OCT 21 195124A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

UNIVERSITY MEDICAL SCHOOL OCT 30 1951

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 18 1951

Commissioner of Health

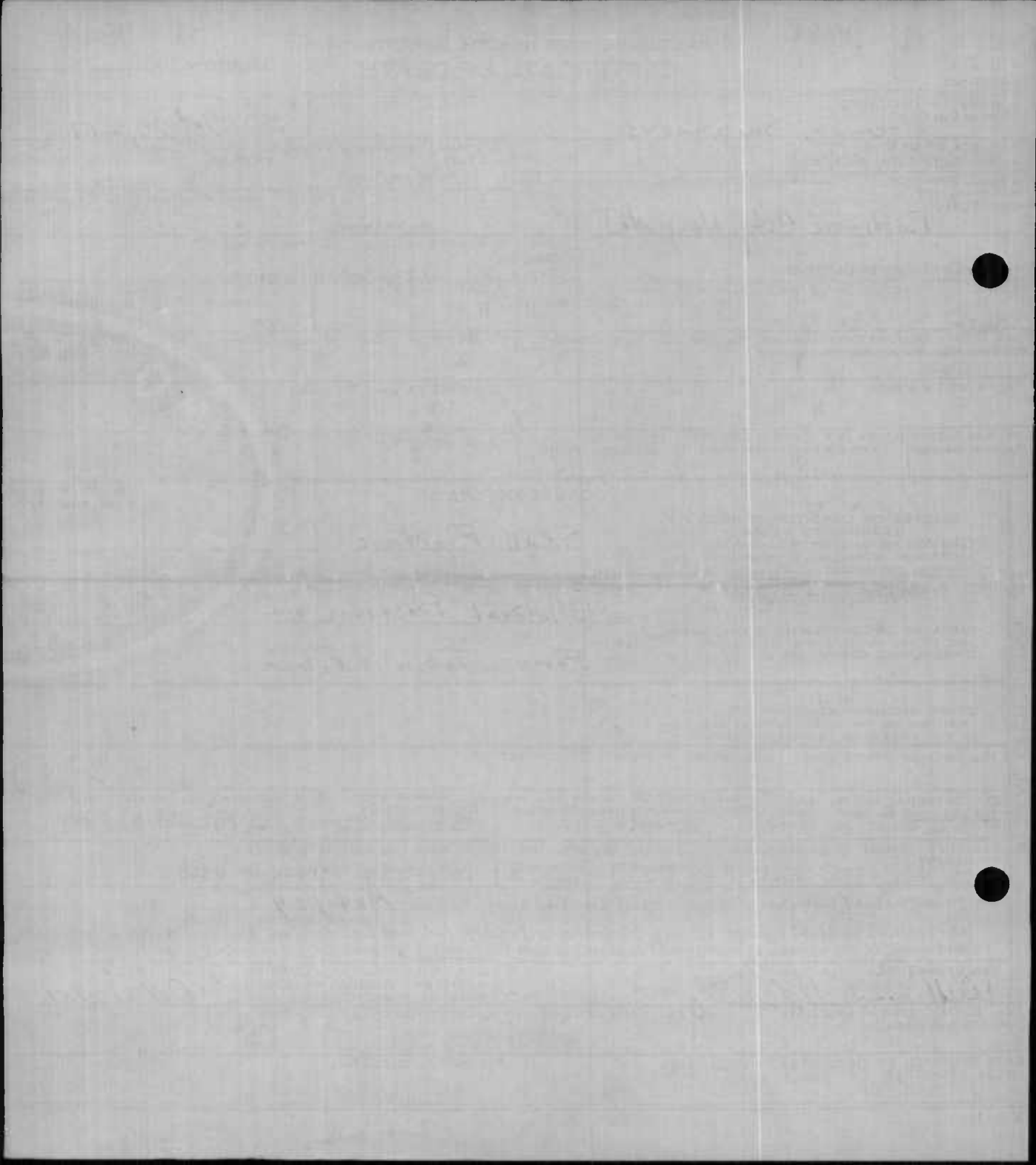
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170C

✓

MEDICAL CERTIFICATION



416 51 9945

5188/11-10/2104/cee
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 9945
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) **HOWARD O. HELFERSTAY** 2. DATE OF DEATH **Friday November 16, 1951**

3. PLACE OF DEATH: A. Baltimore City, Maryland 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) B. COUNTY **Maryland**

B. FULL NAME OF HOSPITAL OR INSTITUTION **South Baltimore General** C. CITY OR TOWN **Baltimore** 23-03

D. LENGTH OF STAY IN BALTIMORE **About 50 yrs.** Yrs. Mos. Days 5. SEX **Male** 6. COLOR OR RACE **White** 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) **Married** 8. DATE OF BIRTH **Jan. 26, 1891** 9. AGE (in years last birthday) **60** If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **BluePrintMachinist** 10B. KIND OF BUSINESS OR INDUSTRY **R.R. Machine Shop** 11. BIRTHPLACE (State or foreign country) **Martinsburg, W. Va.** 12. CITIZEN OF WHAT COUNTRY? **USA**

13. FATHER'S NAME **Jacob E. Helferstay** 14. MOTHER'S MAIDEN NAME **Annie Smith**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) **No** 16. SOCIAL SECURITY NO. **214-18-6300** 17. INFORMANT **Mrs. Julia I. Helferstay (Wife)** ADDRESS **Same**

18. **E 8124** CAUSE OF DEATH **Crushing injury of chest** INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) (C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIB- UTING ☐ CAUSE OF DEATH. 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) **street** 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) **Fort Ave. and Hanover St. B. Z.**

21D. TIME (Month) (Day) (Year) (Hour) **11/15/51 6:55 A. m.** 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒ 21F. HOW DID INJURY OCCUR? **Pedestrian struck by auto** 23-1

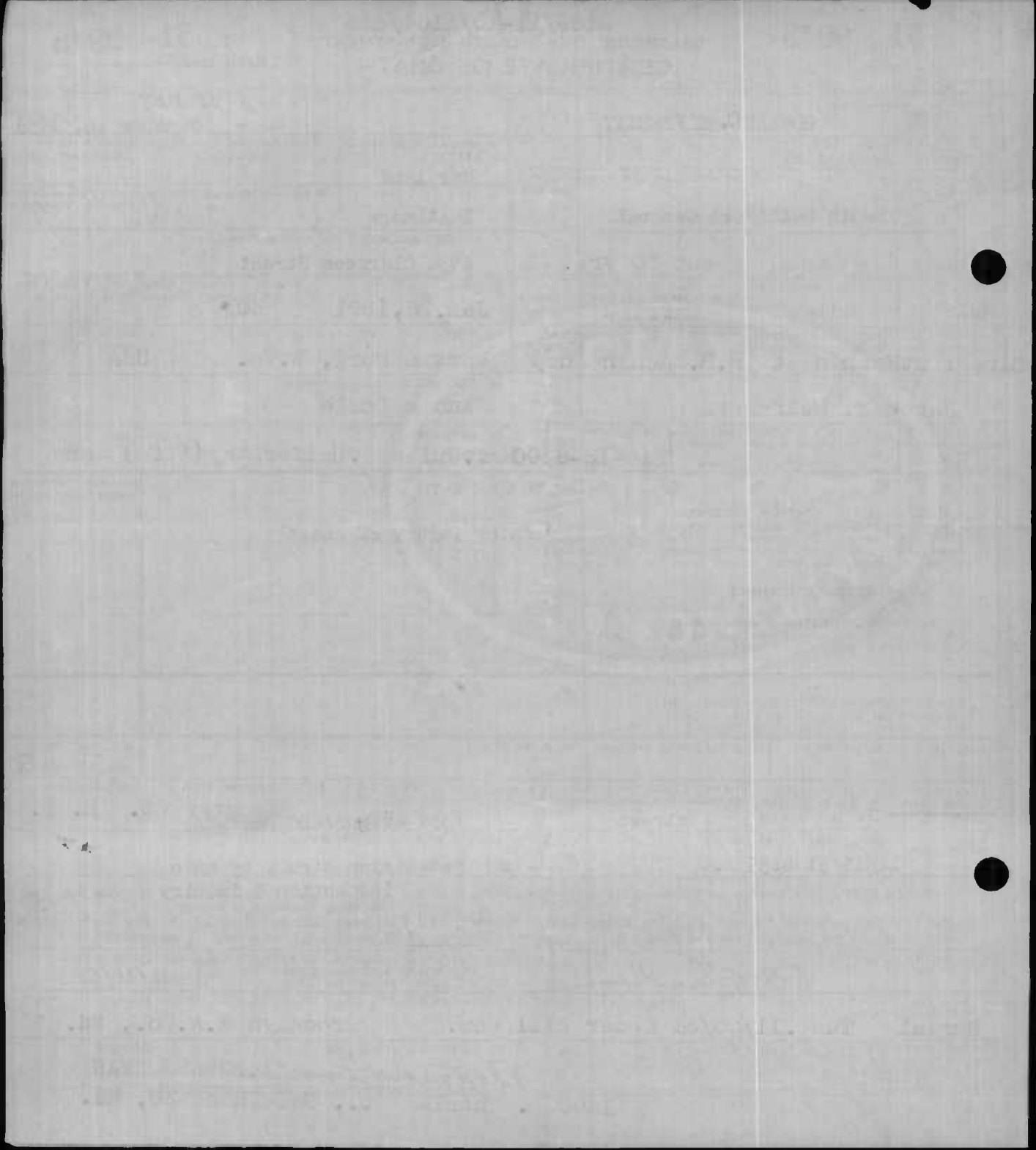
22. I certify that I took charge of the remains described above, held an **inspection & inquiry** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☒ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE **R. B. Fisher** M.D. 23B. CHIEF MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐ 23C. DATE SIGNED **11/16/51**

24A. BURIAL, CREMA- TION, REMOVAL (Specify) **Burial** 24B. DATE **Tues. 11/20/51** 24C. NAME OF CEMETERY OR CREMATORY **Cedar Hill Cem.** 24D. LOCATION (City, town, or county) (State) **Brooklyn A.A.Co., Md.**

DATE RECEIVED BY LOCAL REGISTRAR **NOV 18 1951** REGISTRAR'S SIGNATURE **A. Howard Evans** 25. FUNERAL DIRECTOR **A. Howard Evans** ADDRESS **1400 S. Charles St., Baltimore 30, Md.**

V S 151 **N-862.2** **54450** **170c**



51 9946

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 9946

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Anna Rosella Albough

2. DATE
OF
DEATH

Thurs. - Nov. 15, 1951

3. PLACE OF DEATH:

a. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

1630 Light St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore 23-02

c. Length of stay in Baltimore

Life -

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

1630 Light St.

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐22. I hereby certify that I attended the deceased from May, 1957, to Nov. 14, 1957, that I last saw the
deceased alive on Nov. 14, 1957, and that death occurred at 3: P. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

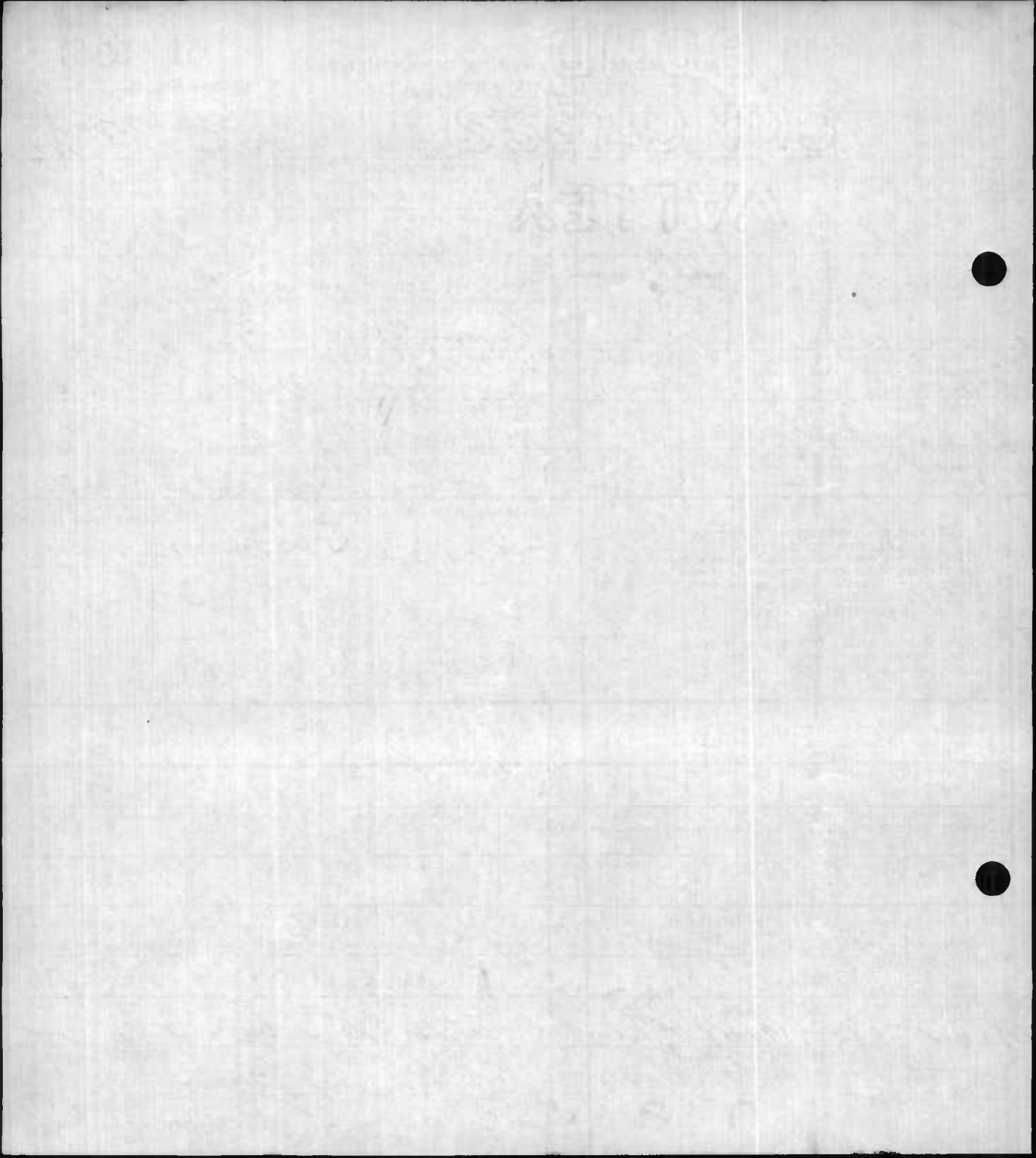
24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **51 9947**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

A LONZO

DONNELL

(Alonzo Darnell)

2. DATE OF DEATH **November 16, 1951**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

A. STATE **Maryland**

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

1805 Brunt Street

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

14-03

D. STREET ADDRESS (If rural, give location)

1805 Brunt Street

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

5/14/31

9. AGE (In years last birthday)

20

If Under 1 Year Months Days If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Bar Tender

10B. KIND OF BUSINESS OR INDUSTRY

Tavern

11. BIRTHPLACE (State or foreign country)

Greensboro, N.C.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

John Darnell

14. MOTHER'S MAIDEN NAME

Louise Darnell

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

Unknown

16. SOCIAL SECURITY NO.

17. INFORMANT

Perry J. Brown

918 E. Market St. Greensboro, N.C.

18. **DOX**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Far advanced pulmonary tuberculosis**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE. (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **Inspection & Inquiry** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: **natural causes** ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William V. Smith

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

Nov. 17, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

11/21/51

24C. NAME OF CEMETERY OR CREMATORY

Maplewood

24D. LOCATION (City, town, or county) (State)

Greensboro, N.C.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Nov 18 1951

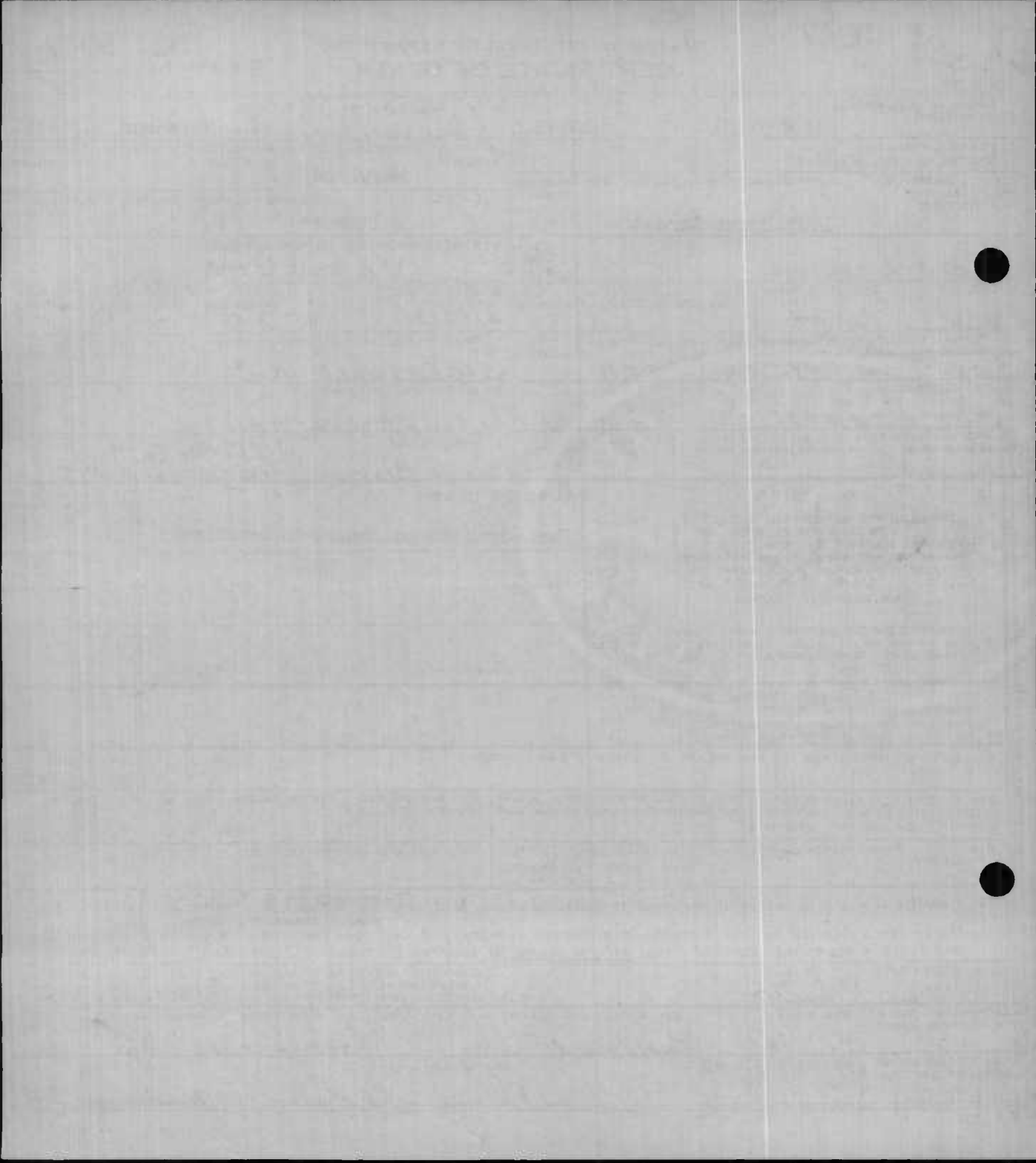
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Charles L. Law 802 Madison Ave.

750 64

13B

MEDICAL CERTIFICATION



51 9948

51 9948

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO. 51-25678

1. NAME OF DECEASED
(Type or Print)

Baby Girl Ports

2. DATE
OF
DEATH

Nov. 2, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Linai

C. CITY OR TOWN

Maryland 28-31

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

Balto. #15
3524 Beecher Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

H

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

1 hr

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Charles Ports

14. MOTHER'S MAIDEN NAME

Ouida Blake

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 760.01

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Asphyxia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Prolonged delivery &
intrauterine damage

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT ☐ NOT WHILE
WORK AT WORK ☐22. I hereby certify that I attended the deceased from 11-2 (9:00 p.m.), 1951, to 11-2, 1951, that I last saw the
deceased alive on 11-2, 1951, and that death occurred at 10:00 p.m., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

Melvin S. Popelina

817 So Paul St

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

JOHN HOPKINS MEDICAL SCHOOL

NOV 15 1951

DATE RECEIVED BY
LOCAL REGISTRAR

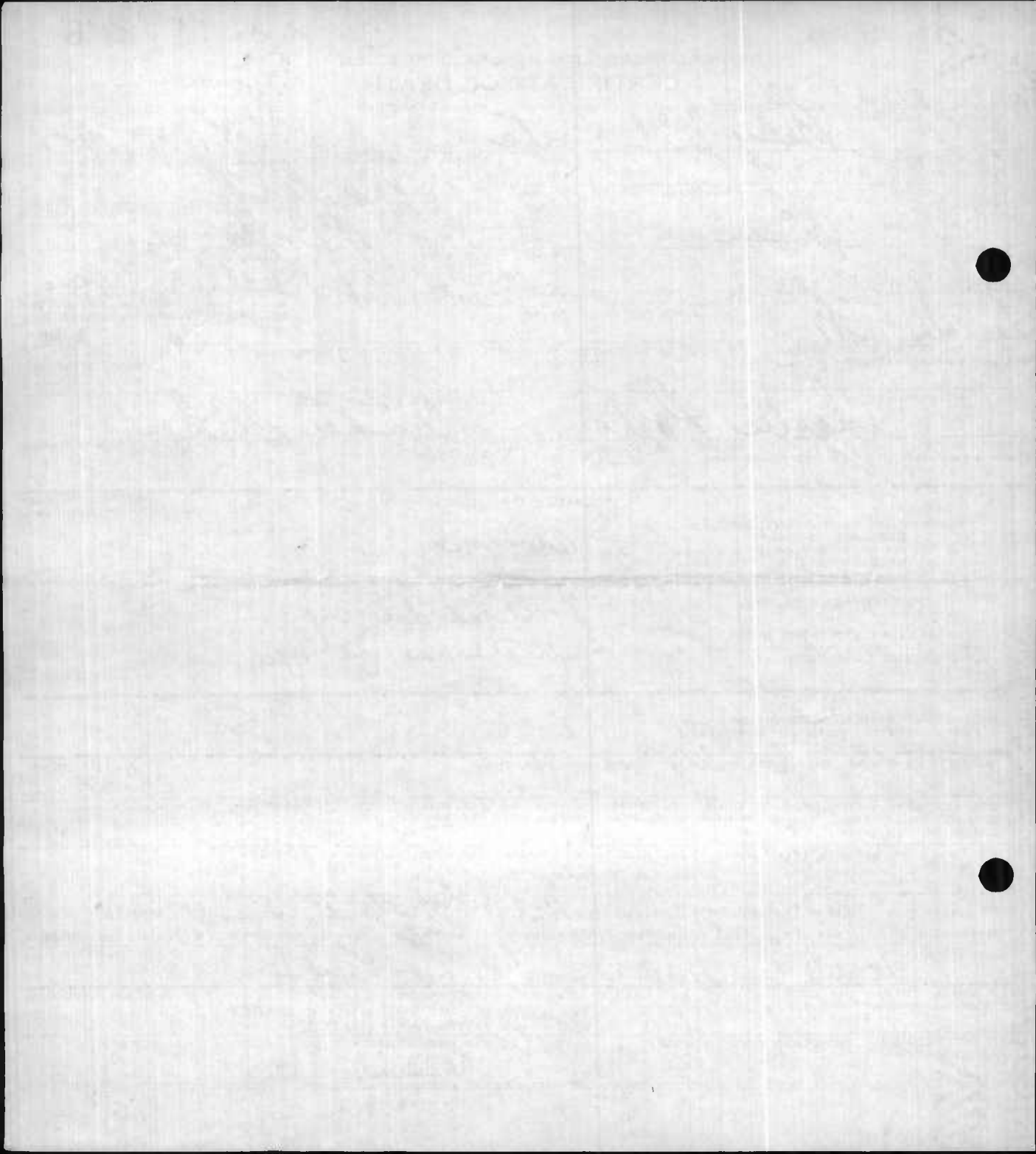
REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OV 181951

Commissioner of Health



20 51 9949

51 9949

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

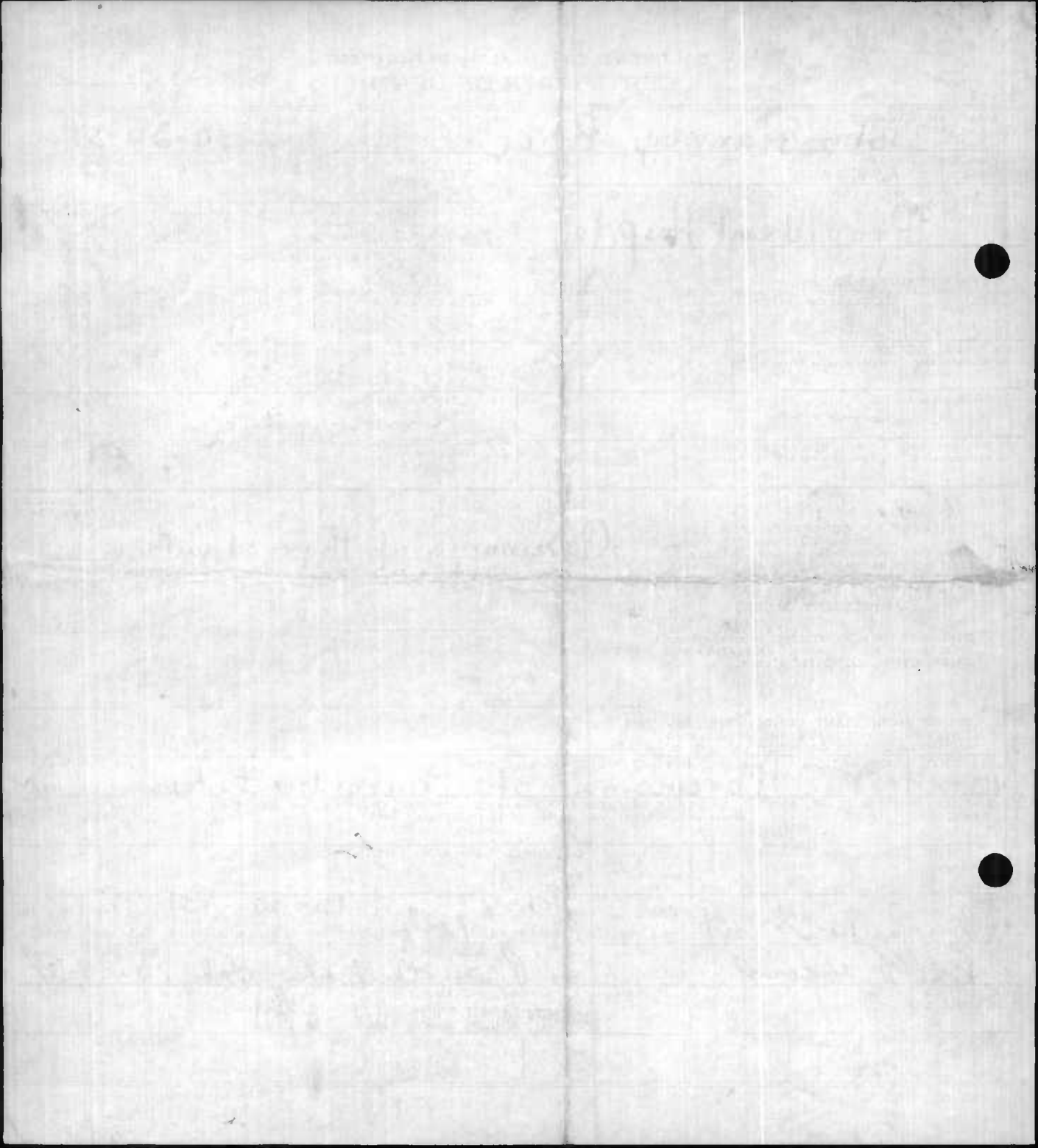
Registered No. _____

BIRTH NO.		1. NAME OF DECEASED (Type or Print) John Harvey Price		2. DATE OF DEATH 10-30-51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE md. B. COUNTY Baltimore			
B. FULL NAME OF HOSPITAL OR INSTITUTION Provident Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 14-01			
C. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 1623 N. Eutam St.			
5. SEX M	6. COLOR OR RACE el	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 3-28-1891	9. AGE (In years last birthday) 60	If Under 1 Year Months Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Richmond, Va.		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Unknown		14. MOTHER'S MAIDEN NAME Unknown			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS	

18. 194X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	CAUSE OF DEATH (A) Carcinoma of thyroid with metastasis DUE TO	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) _____ DUE TO	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	(C) _____	

19A. DATE OF OPERATION 10-29-51	19B. MAJOR FINDINGS OF OPERATION Carcinoma of thyroid-metastasis		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE AND INJURY OCCURRED (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 10-8 , to 10-30 , 19 51 , that I last saw the deceased alive on 10-30 , 19 51 , and that death occurred at 12:30 am., from the causes and on the date stated above.			
23A. SIGNATURE CHS upsd	23B. ADDRESS Provident Hospital	23C. DATE SIGNED 10-30-51	
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY UNIVERSITY MEDICAL SCHOOL NOV 6 1951	24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR 10-17-1951	REGISTRAR'S SIGNATURE William M. Williams	25. FUNERAL DIRECTOR Commissioner of Health	ADDRESS
--	--	--	---------



51 9950

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 9950

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Joseph Josephine Peknis

2. DATE
OF
DEATHNov 16th 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland 2409 E. Federal St

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

Md

B. FULL NAME OF (If not in hospital or institution, give street address or
location)C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Balto

8-03

C. Length of stay in Baltimore

70 Yrs

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

2409 E. Federal St

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months Days
If Under 24 Hours
Hours Min.

Female White

Widower

Feb 22 1869

82

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Austria

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

James W. Wernick 2409 E. Federal St

18. 420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Coronary Thrombosis

3 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Generalized atherosclerosis

3

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from Jan 4, 1951 to Nov 16, 1951 that I last saw the
deceased alive on Nov 15, 1951, and that death occurred at 1 A. m., from the causes and on the date stated above.

23A. SIGNATURE

Joseph Pokorny

M. D.

23B. ADDRESS

2200 E Madison St

23C. DATE SIGNED

11/16/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial
DATE RECEIVED BY
LOCAL REGISTRARNov 19 1951
REGISTRAR'S SIGNATURESt Josephs Sem
Funerary DirectorLillian M. Patterson
ADDRESS

Mr Pokorny.

520 51 9951

REA-153832

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 9951

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Hum Bow Sing

2. DATE
OF
DEATH

Nov. 15, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTIONBaltimore City Hospitals
4940 Eastern Avenue4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

4-01

D. STREET ADDRESS (If rural, give location)

209 W. Mulberry Street

C. Length of stay in Baltimore

54 yrs.

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Chinese

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widowed Single

8. DATE OF BIRTH

June 7, 1877

9. AGE (in years last birthday)

74

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR INDUSTRY

None

11. BIRTHPLACE (State or foreign country)

California

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

? (Dec)

14. MOTHER'S MAIDEN NAME

? (Dec)

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Records: B. C. H. 4940 Eastern Avenue

18. E904.9 I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

Cerebro-vascular accident

(A)

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

45 minutes

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

CERTIFICATION APPROVED BY

WILLIAM V. LOVETT
CHIEF OR ASST. MEDICAL EXAMINER

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

11-12-51

19B. MAJOR FINDINGS OF OPERATION

Fx. Rt. Femur

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

Pt. Fell ?

22. I hereby certify that I attended the deceased from 11-11 1951, to 11-15, 1951, that I last saw the deceased alive on 11-15, 1951, and that death occurred at 2:55 P m., from the causes and on the date stated above.

23A. SIGNATURE

J. P. Crogen M. D.

23B. ADDRESS

4940 Eastern Avenue

23C. DATE SIGNED

11-15-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Nov/19/51

24C. NAME OF CEMETERY OR CREMATORY

Lorraine Cemetery

24D. LOCATION (City, town, or county)

Woodlawn, Maryland

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 18 1951

Stewart & Mowen Co.

108 W. North Ave.

VS 150

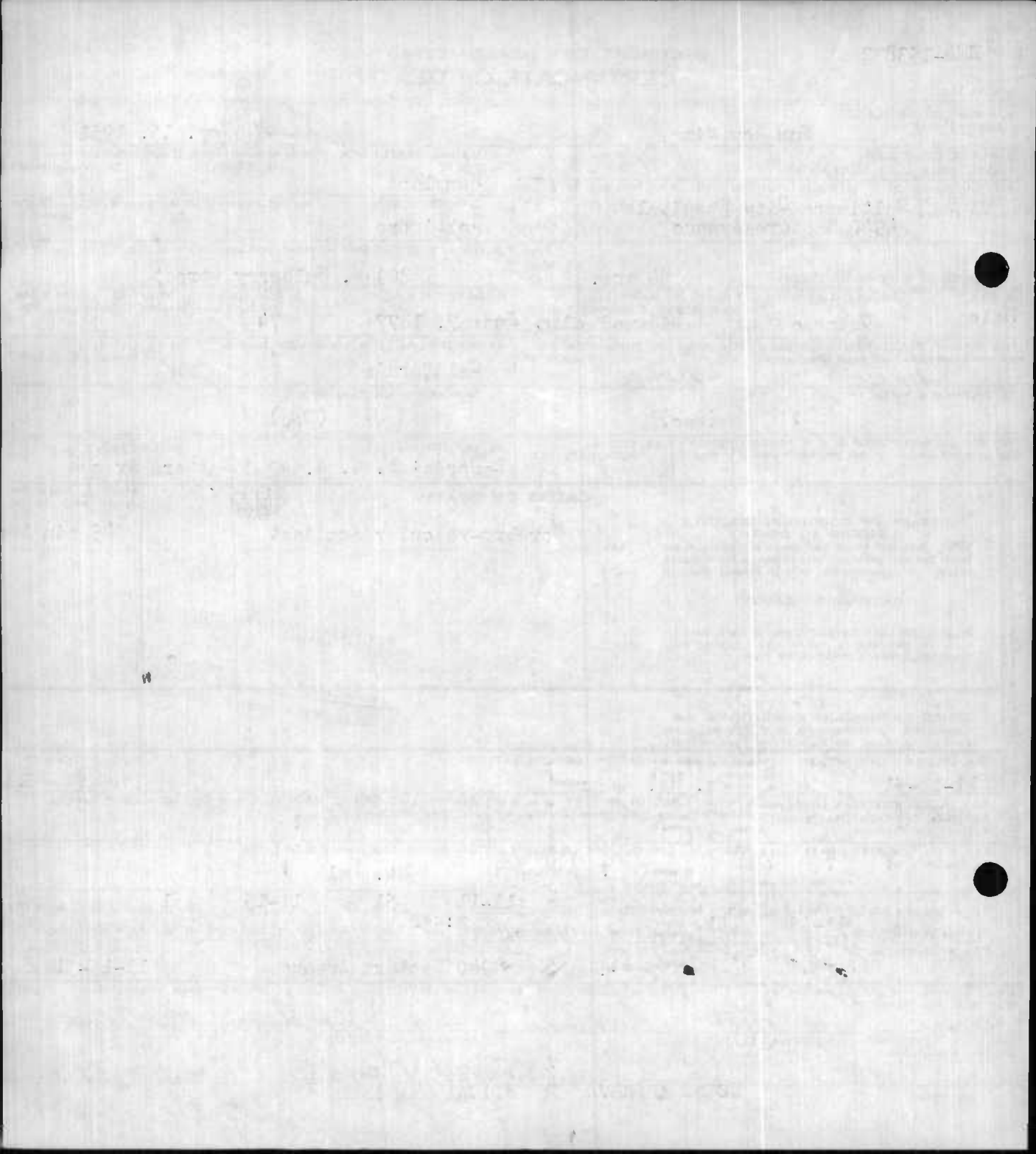
TO BE APPROVED BY MEDICAL EXAMINER

N-870.0

City #1.

186a

MEDICAL CERTIFICATION



51 9952

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 9952

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ALFRED TERRYSON HOEN

2. DATE
OF
DEATH

NOV-17-1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland 118-N-Tutaw-St.

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

at home

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

Maryland

Baltimore City

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1118-N-Tutaw Street

c. Length of stay in Baltimore

life

Yrs.
Mos.
Days

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

WIDOWER

8. DATE OF BIRTH

APRIL-6-1873

9. AGE (In years
last birthday)

78

10 Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

retired

10B. KIND OF BUSINESS OR
INDUSTRY

Lithographing

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

U. S.

13. FATHER'S NAME

Ernest Hoen

14. MOTHER'S MAIDEN NAME

Frances Nixdorf

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

no

16. SOCIAL
SECURITY NO.

215-10-0004

17. INFORMANT

ADDRESS

Miss Helen R. Hoen (daughter) 101 Woodlawn Rd

18. 331X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) Cerebral Vascular accident

1 wk

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Cerebral Arteriosclerosis

10 years

DUE TO

(C) Generalized Arteriosclerosis

3 yrs

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from 1935, 19 to Nov 17, 1951, that I last saw the
deceased alive on 11/13/51 and that death occurred at 10:30 A. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

burial

NOV-19-51

Druid Ridge

Pikesville

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

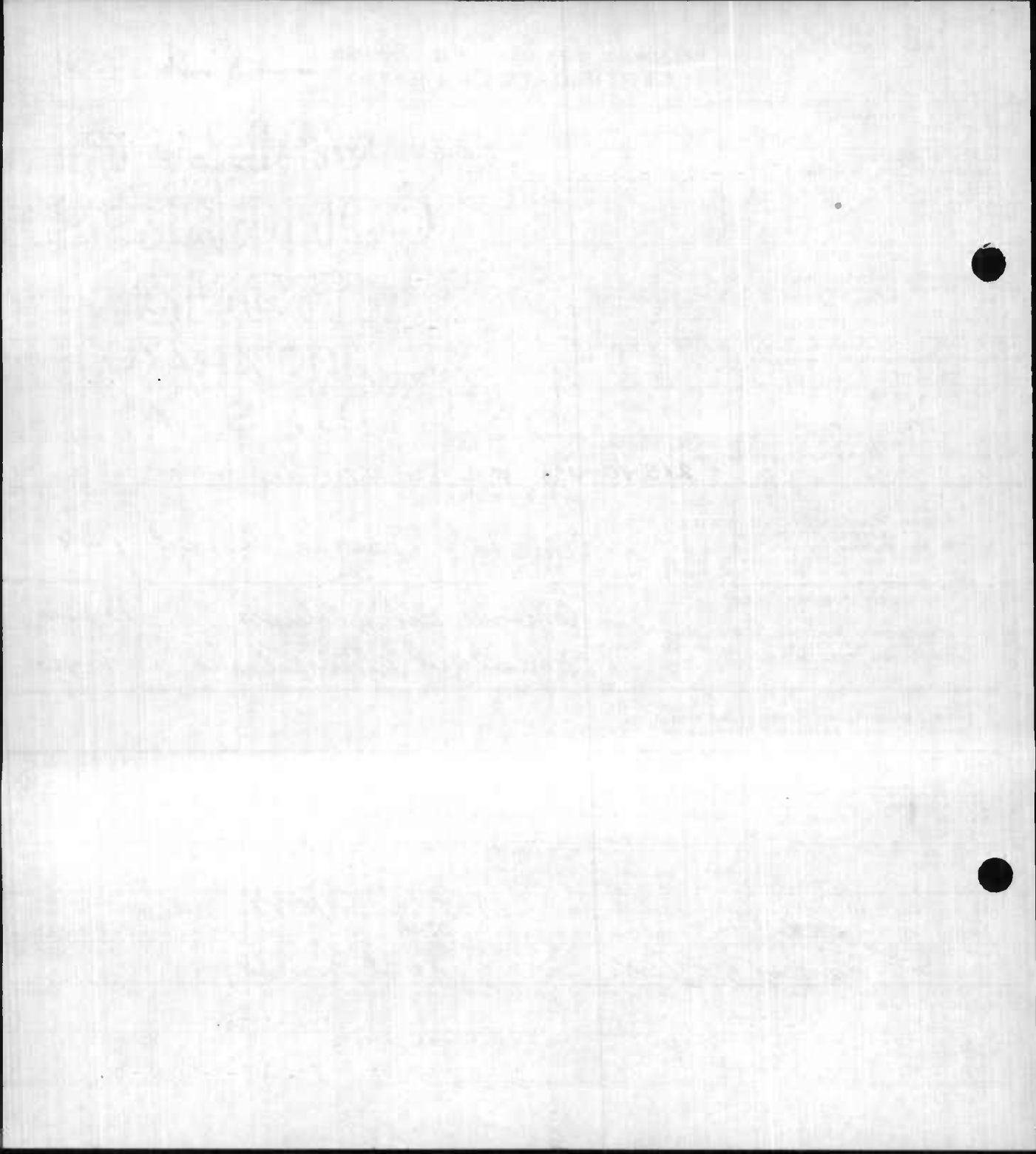
NOV 18 1951

Stewart & Mowen Co. 108-W-North-Av.

VS 150

83a

MEDICAL CERTIFICATION



620
51 9953

51 9953

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

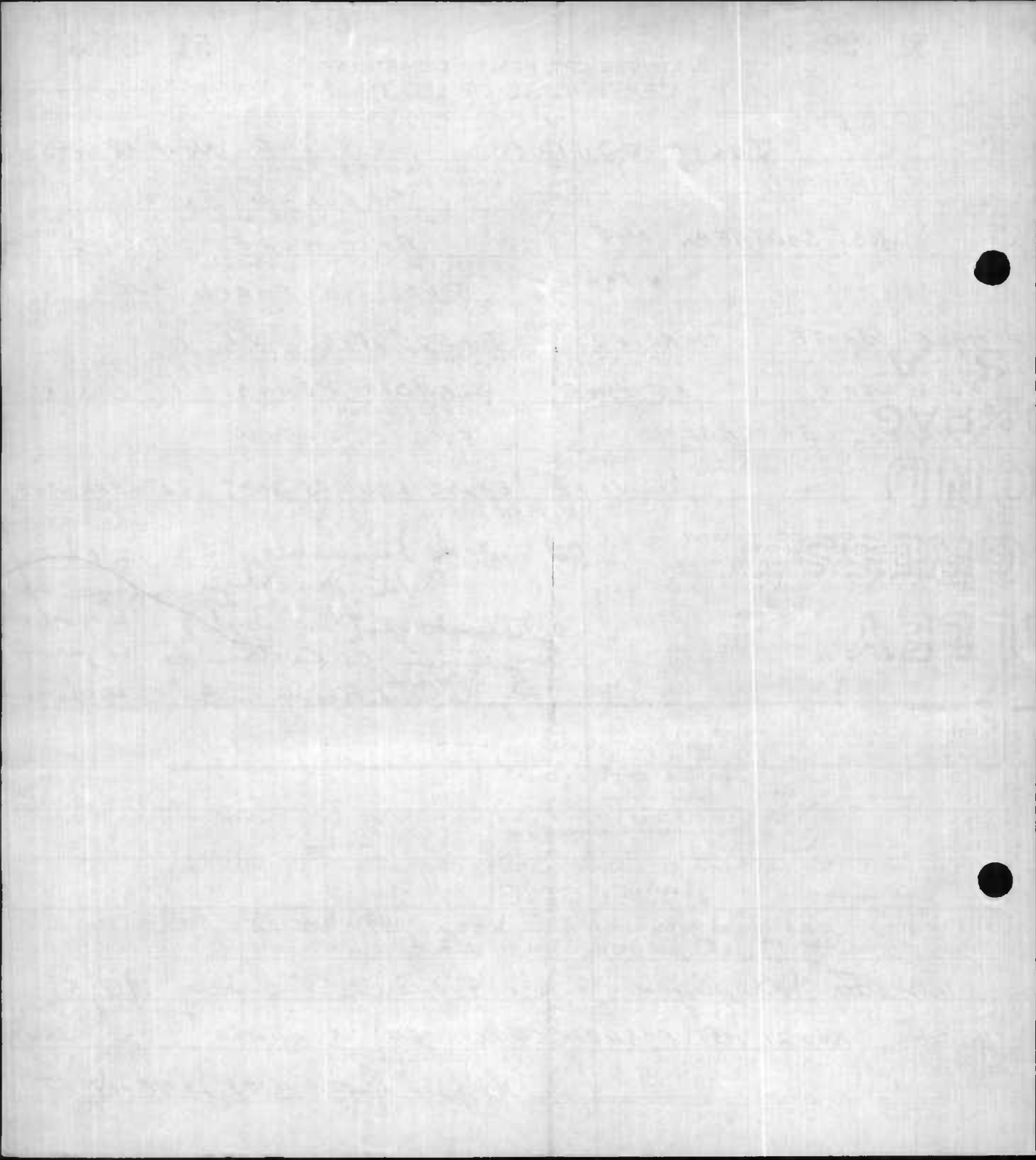
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) JULIA SQUIRES		2. DATE OF DEATH NOV 18 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY _____	
5. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 3005 SOUTHERN AVE		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 27-02	
6. Length of stay in Baltimore 40 YRS		D. STREET ADDRESS (If rural, give location) 3005 SOUTHERN AVE	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JUNE 25 1880
9. AGE (In years last birthday) 71		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWORK	
10A. KIND OF BUSINESS OR INDUSTRY AT HOME		11. BIRTHPLACE (State or foreign country) SCANDIA, PENNA.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME CHARLES ERICKSON	
14. MOTHER'S MAIDEN NAME EVA C. OLSON		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) NO	
16. SOCIAL SECURITY NO. NONE		17. INFORMANT ERWIN SQUIRES	
18. ADDRESS 3005 SOUTHERN AVE		19. DATE OF OPERATION 0	

18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH A. Cerebral Hemorrhage & Right Hemiplegia B. Arteriosclerosis (Generalized) C. Hypertensive Cardio-Vascular Disease D. Cerebral Vascular Accident		INTERVAL BETWEEN ONSET AND DEATH 24 hours 4 years + 4 years + 4 years
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 214 Medical Bldg Building		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from May , 19 49 , to Nov. 18 , 19 51 , that I last saw the deceased alive on Nov. 17 , 19 51 , and that death occurred at 2 A. m. , from the causes and on the date stated above.					
23A. SIGNATURE W. Grafton Hersperger		23B. ADDRESS 214 Medical Bldg Building		23C. DATE SIGNED 11/18/51	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE NOV 21 1951		24C. NAME OF CEMETERY OR CREMATORY SCANDIA CHURCH CEM.	
24D. LOCATION (City, town, or county) SCANDIA		24E. STATE PENNA.		24F. DATE RECEIVED BY LOCAL REGISTRAR NOV 18 1951	
24G. REGISTRAR'S SIGNATURE W. Grafton Hersperger		24H. FUNERAL DIRECTOR Dippel Bros.		24I. ADDRESS 1800 E LOMBARD ST.	



51 9954

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 9954

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

J. PHILIP THWEATT

2. DATE
OF
DEATH

Nov. 16, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Md.

12-04

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

2203 St. Paul St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

2203 St. Paul St. Baltimore

D. STREET ADDRESS (If rural, give location)

2203 St. Paul St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH

April 9, 1863

9. AGE (in years
last birthday)

88

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Bookkeeper Retired

10B. KIND OF BUSINESS OR
INDUSTRY

Professional - Law

11. BIRTHPLACE (State or foreign country)

Petersburg, Va.

12. CITIZEN OF
WHAT COUNTRY?
USA

13. FATHER'S NAME

Wm. W. Thweatt

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

?

17. INFORMANT

ADDRESS

Mrs. Effie C. Thweatt 2203 St. Paul St.

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)(A)
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO
(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/9/51 to 11/16/51, that I last saw the
deceased alive on 11/15/51, and that death occurred at 7:30 AM from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

11/17/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

11/19/51

24C. NAME OF CEMETERY OR CREMATORY

Parkwood Cem.

24D. LOCATION (City, town, or county) (State)

Baltimore Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 19 1951

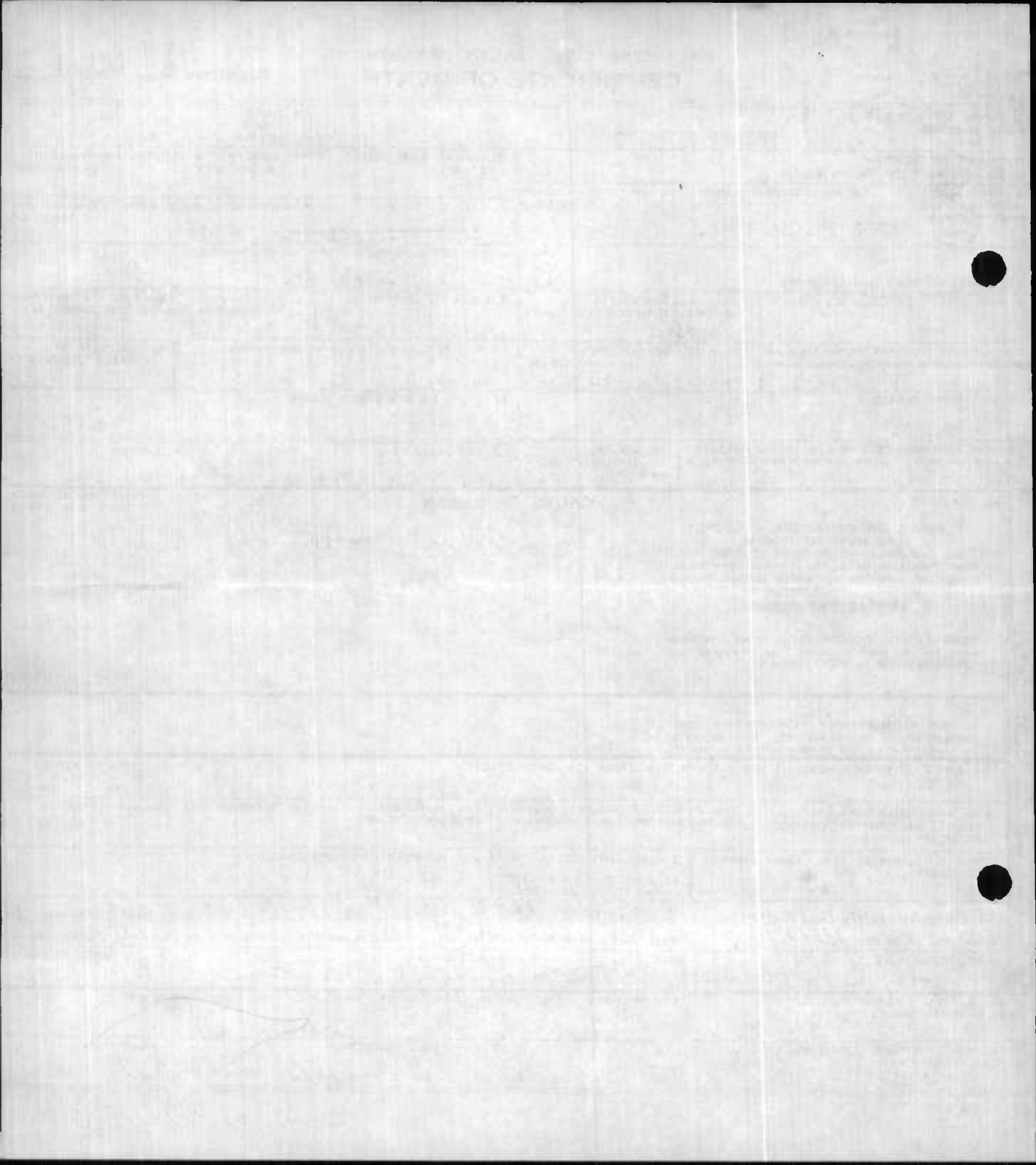
REGISTRAR'S SIGNATURE

Wm J. Tackner & Sons Inc. Balt. Md.

VS 150

93D

MEDICAL CERTIFICATION



51 9955

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

51 9955

BIRTH NO. 51-26633

1. NAME OF DECEASED
(Type or Print)

BABY BOY UHLAND.

2. DATE
OF
DEATH

Nov. 14, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland Church Home & Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE Maryland B. COUNTY Baltimore

B. FULL NAME OF
HOSPITAL OR
INSTITUTION Church Home & HospitalC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Towson, Baltimore

C. Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural give location)

1876 Yakona Rd. 5300

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Nov. 12, 1951

9. AGE (In years
last birthday)

11 Months 1 Day 19 20

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Robert Uhlund

14. MOTHER'S MARDEN NAME

Mary Ann Laumann

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Church Home & Hospital

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Atelectasis - Lt. lung

43 hrs. 20 min.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Chonia in utero

(C) DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Premature birth.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 12, 1951, to Nov. 14, 1951, that I last saw the
deceased alive on Nov. 14, 1951, and that death occurred at 1:05 p.m., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

11-16-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

JOHN HOPKINS MEDICAL SCHOOL NOV 16 1951

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Commissioner of Health

NOV 19 1951

VS 150

159

MEDICAL CERTIFICATION

W. A. L. K. Y.
C. J. R. P. L. K. S. E.

J. E. R. M. L. K. Y.
J. O. B. M. L. K. Y.

J. E. R. M. L. K. Y.
J. O. B. M. L. K. Y.

J. E. R. M. L. K. Y.

620
51 9956

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 9956
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) STEVEN SOWERS STEPHEN R. SOWERS		2. DATE OF DEATH November 16, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION Maryland General		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 14-01			
C. Month of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 1923 Eutaw Place			
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH Jan. 19, 1901	9. AGE (In years last birthday) 50	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10B. KIND OF BUSINESS OR INDUSTRY Self		11. BIRTHPLACE (State or foreign country) Va.	
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME Arch Sowers		14. MOTHER'S MAIDEN NAME Cora Grimes	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.		17. INFORMANT Mr. C. R. Eve	
				ADDRESS Box-68 Savage, Md.	

MEDICAL CERTIFICATION

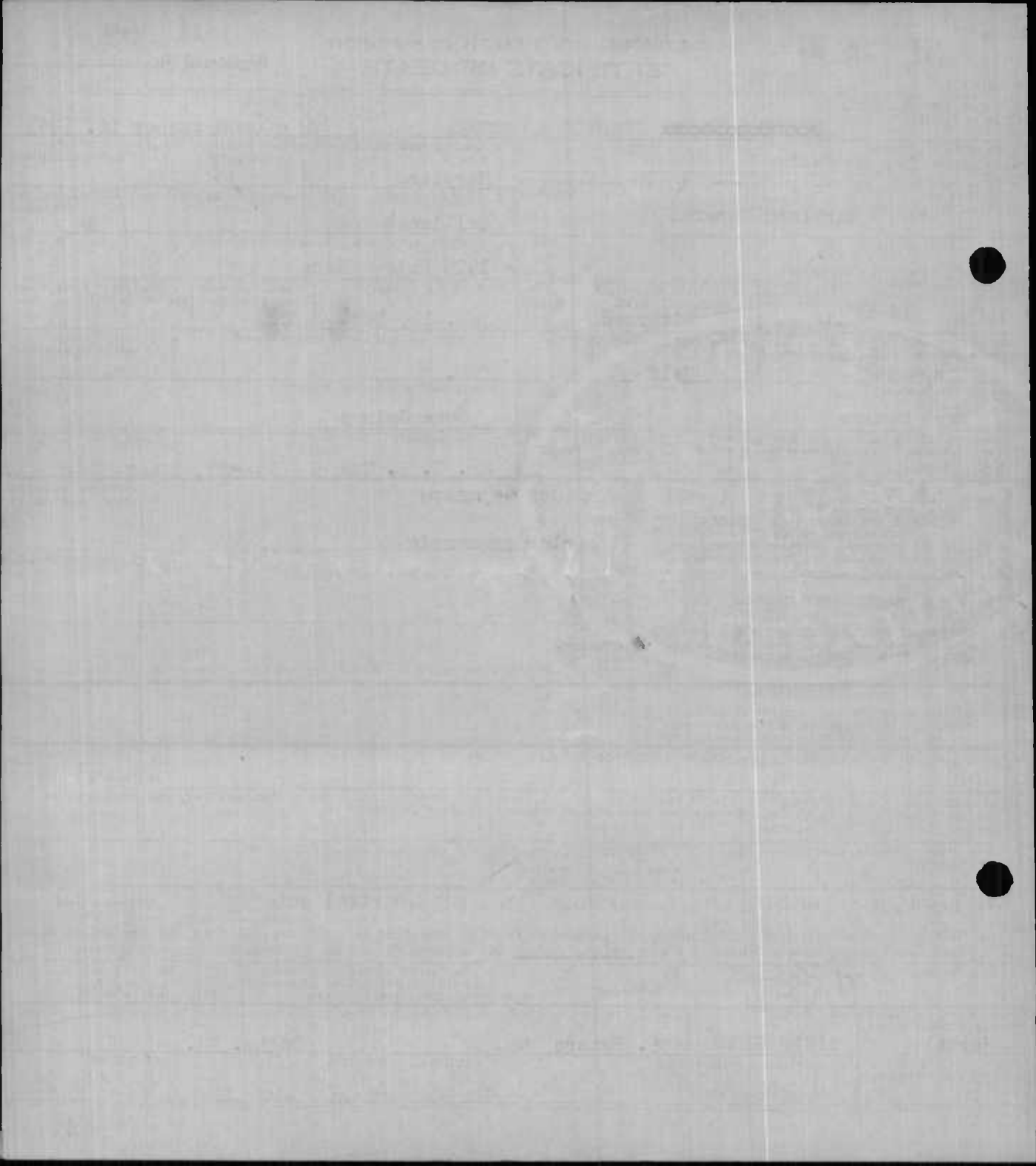
18. 490X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Lobar pneumonia (A) DUE TO		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO		
(C) DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?			
22. I certify that I took charge of the remains described above, held an <u>partial</u> autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: <u>natural causes</u> <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE J. P. Fisher		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED 11/16/51	

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 11/19/51	24C. NAME OF CEMETERY OR CREMATORY St. Peters Cem.	24D. LOCATION (City, town, or county) (State) Balto. Md.
DATE RECEIVED BY LOCAL REGISTRAR NOV 19 1951		REGISTRAR'S SIGNATURE Huntington Williams	25. FUNERAL DIRECTOR Wm. J. Fisher & Sons Inc. Balto. Md.

51024

108



26.
51 9957BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

51 9957

BIRTH NO.

1. NAME OF DECEASED (Type or Print) CLARA BELLE BERGERON			2. DATE OF DEATH 11-16-51		
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. Md			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY USA Anne Arundel C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore, Maryland D. STREET ADDRESS (If rural, give location) 5200 Jessup, Maryland		
B. FULL NAME OF HOSPITAL OR INSTITUTION St. Agnes Hospital			9. AGE (in years last birthday) 63 10. MARITAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOME 11. BIRTHPLACE (State or foreign country) Maryland - FREDERICK 12. CITIZEN OF WHAT COUNTRY? USA		
C. Length of stay in Baltimore 63 mos 2 mos 7 days			13. HOUSEHOLD NAME JOHN L. BRADSHAW		
5. SEX F 6. COLOR OR RACE W 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED			14. MOTHER'S MAIDEN NAME Annie Hauer		
10. MARITAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOME			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No 16. SOCIAL SECURITY NO. NONE		
13. HOUSEHOLD NAME JOHN L. BRADSHAW			17. INFORMANT Mr. J. F. BERGERON - JESSUP, MD		

18. 570.5 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Ante cedent causes DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH (A) Peritonitis DUE TO 77 Peritonitis Secondary Anemia (B) Obstruction DUE TO obstruction due to inflammatory adhesions from ruptured appendix with peritonitis (C) over 60 years of age.		INTERVAL BETWEEN ONSET AND DEATH	
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19A. DATE OF OPERATION 7/21/51		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 11/12 , 19 51 , to 11/16 , 19 51 , that I last saw the deceased alive on 11/16 , 19 51 , and that death occurred at 8 P.M. , from the causes and on the date stated above.					
23A. SIGNATURE George E. Sten		23B. ADDRESS 57 Agnes Hospital		23C. DATE SIGNED 11/16/51	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 11/16/51		24C. NAME OF CEMETERY OR CREMATORY MEADONRIDGE MEM CEM	
24D. LOCATION (City, town, or county) (State) ELKIDGE HONARD CO		DATE RECEIVED BY LOCAL REGISTRAR NOV 19 1951		REGISTRAR'S SIGNATURE Wm. J. Tuckner, Sr. Inc Balto. Md.	
VS 150		25. FUNERAL DIRECTOR Wm. J. Tuckner, Sr. Inc Balto. Md.		ADDRESS	

122B

See Document File 51-9957

12/12/51

ES

making of
artificial
opening into
the ileum

what was the
condition for which the
ileostomy was performed?

520

51 9958

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 9958

BIRTH NO.

1. NAME OF DECEASED (Type or print) MARY (MOLLIE) HEINZE		2. DATE OF DEATH Nov. 15, 1951	
3. PLACE OF DEATH: none City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY	
5. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 2029 E. 31st St.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 9-06	
6. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 2029 E. 31st St.	
7. SEX Female	8. COLOR OR RACE white	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	10. DATE OF BIRTH Sept. 26, 1873
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10B. KIND OF BUSINESS OR INDUSTRY at home	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Conrad Schwinn		14. MOTHER'S MAIDEN NAME ?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) none		16. SOCIAL SECURITY NO. none	
17. INFORMANT Mr. William T. Heinze-2029 E. 31st St.		ADDRESS	

18. 157X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Carcinoma of Stomach DUE TO	INTERVAL BETWEEN ONSET AND DEATH about 1 yr
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Carcinoma of Pancreas DUE TO	unknown
(C) -----	

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 8/31/51.	19B. MAJOR FINDINGS OF OPERATION Carcinoma of Stomach & Pancreas	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **May 2, 1951**, to **Nov. 15th, 1951** that I last saw the deceased alive on **Nov. 15, 1951**, and that death occurred at **2:45 Pm.**, from the causes and on the date stated above.

23A. SIGNATURE Geo. W. Montgomery M.D.	23B. ADDRESS 401 E. 25th. St. Balto. Md.	23C. DATE SIGNED 11/17/51.
--	--	--------------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 11/16/51	24C. NAME OF CEMETERY OR CREMATORY Balto. Cem.	24D. LOCATION (City, town, or county) (State) Balto., Md.
--	------------------------------	--	---

DATE RECEIVED BY LOCAL REGISTRAR Nov 19 1951	REGISTRAR'S SIGNATURE Wm. J. Pickens	25. FUNERAL DIRECTOR Wm. J. Pickens & Sons	ADDRESS 4618 Balto 17, Md.
--	--	--	--------------------------------------

Stm. f. 1000
Date 17/11/18

51 9959

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 9959
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Luthee M. Schwartz

2. DATE
OF
DEATH

Nov. 18, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Lutheran Hosp. of Maryland.

Yrs.
Mos.
Days

C. Length of stay in Baltimore

5. SEX

M.

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Retired Bench Hand

10B. KIND OF BUSINESS OR
INDUSTRY

Riston Rings

13. FATHER'S NAME

Ethriam Schwartz

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.
212-09-8878

8. DATE OF BIRTH

May 11, 1884

9. AGE (In years
last birthday)

67

11 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Pennsylvania

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

14. MOTHER'S MAIDEN NAME

Mary Weikert

17. INFORMANT

ADDRESS

Mrs. Lula E. Schwartz 3349 Belvedere Ave

18. 420.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Pulmonary edema -

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Acute cardiac congestive failure

DUE TO

(C) Arteriosclerotic Heart Disease

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 18, 1951, to Nov. 18, 1951, that I last saw the
deceased alive on Nov. 18, 1951, and that death occurred at 4:09 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Linda J. Fawcett

M. D.

23B. ADDRESS

Lutheran Hosp.

23C. DATE SIGNED

Nov. 18, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

11/20/51

24C. NAME OF CEMETERY OR CREMATORY

Mt. Olive T. Cont.

24D. LOCATION (City, town, or county)

Harrover, Pa. YORK CO.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Thurman J. Williams

25. FUNERAL DIRECTOR

ADDRESS

Wm. J. Lickens Sons Balto. Md.

VS 150

6903L

93D

MEDICAL CERTIFICATION

RECEIVED
CENTRAL BANK OF CHINA

NOV 19 1944

CHINA

100

100

100

100

000

51 9960

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 9960

Registered No. _____

BIRTH NO. 51-26871

1. NAME OF DECEASED (Type or Print) James Richard Carr		2. DATE OF DEATH 11-17-51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE md B. COUNTY _____	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Bon Secours Hospital -		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 17 16-04	
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) 1806 RAYNER AVE	
5. SEX MALE	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 11-14-51
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY GARDENER	9. AGE (In years last birthday) 3
11. BIRTHPLACE (State or foreign country) MO		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME JAMES RUSSELL Carr		14. MOTHER'S MAIDEN NAME HELEN STEWART.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Mr. James Russell		ADDRESS 1806 Rayner Ave	

MEDICAL CERTIFICATION	18. 762.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	CAUSE OF DEATH Cerebral edema - Bih-		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES	tural focal atelectasis.		
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	QUE TO		
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONITION CAUSING IT.	QUE TO		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Nov. 14, 1951 , to Nov. 17, 1951 , that I last saw the deceased alive on Nov. 14, 1951 , and that death occurred at 4:00 A.M. , from the causes and on the date stated above.					
23A. SIGNATURE Robert Gomez		23B. ADDRESS Bon Secours Hosp.		23C. DATE SIGNED Nov. 17, 1951	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 11/19/51		24C. NAME OF CEMETERY OR CREMATORY Stone Chapel	
24D. LOCATION (City, town, or county) Pikesville		24E. DATE RECEIVED BY LOCAL REGISTRAR NOV 19 1951		24F. REGISTRAR'S SIGNATURE Wm. J. Fickner & Sons	
24G. DATE RECEIVED BY LOCAL REGISTRAR		24H. REGISTRAR'S SIGNATURE		24I. FUNERAL DIRECTOR Wm. J. Fickner & Sons	
24J. DATE RECEIVED BY LOCAL REGISTRAR		24K. REGISTRAR'S SIGNATURE		24L. ADDRESS Balto. Md.	

UNITED STATES DEPARTMENT OF HEALTH

1

1

51 9961

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 9961
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MAE MADELINE KIRWAN (MRS)

2. DATE
OF
DEATH

11-16-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR UNION Memorial Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

MARYLAND

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE 26-03

D. STREET ADDRESS (If rural, give location)

3002 PELHAM AVE

c. Length of stay in Baltimore

42 Yrs.
— Mos.
— Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

12-25-08

9. AGE (In years
last birthday)

42

If Under 1 Year
Months: Days

10 18

If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

HOUSEWIFE

10B. KIND OF BUSINESS OR
INDUSTRY

at Home

13. FATHER'S NAME

PATRICK MCKUEN

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF
WHAT COUNTRY?

U. S.

14. MOTHER'S MAIDEN NAME

ELIZABETH HINKLEMAN

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

None

17. INFORMANT

ADDRESS

Friedrich W. Kirwan 3002 Pelham Ave

18. 170X I CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)(A) Post-operative shock secondary to 2 days
hemorrhage

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) DUE TO Carcinoma of breast, right
(C) ?INTERVAL BETWEEN
ONSET AND DEATH

2 days

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

11-14-51

19B. MAJOR FINDINGS OF OPERATION

Carcinoma of right breast

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 13, 1951, to Nov. 16, 1951, that I last saw the
deceased alive on Nov. 16, 1951, and that death occurred at 9:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Ruth S. Nelson

23B. ADDRESS

M. O. Baltimore 18 Maryland

23C. DATE SIGNED

Nov 16, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

Nov 19 1951

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer

24D. LOCATION (City, town, or county)

Baltimore Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

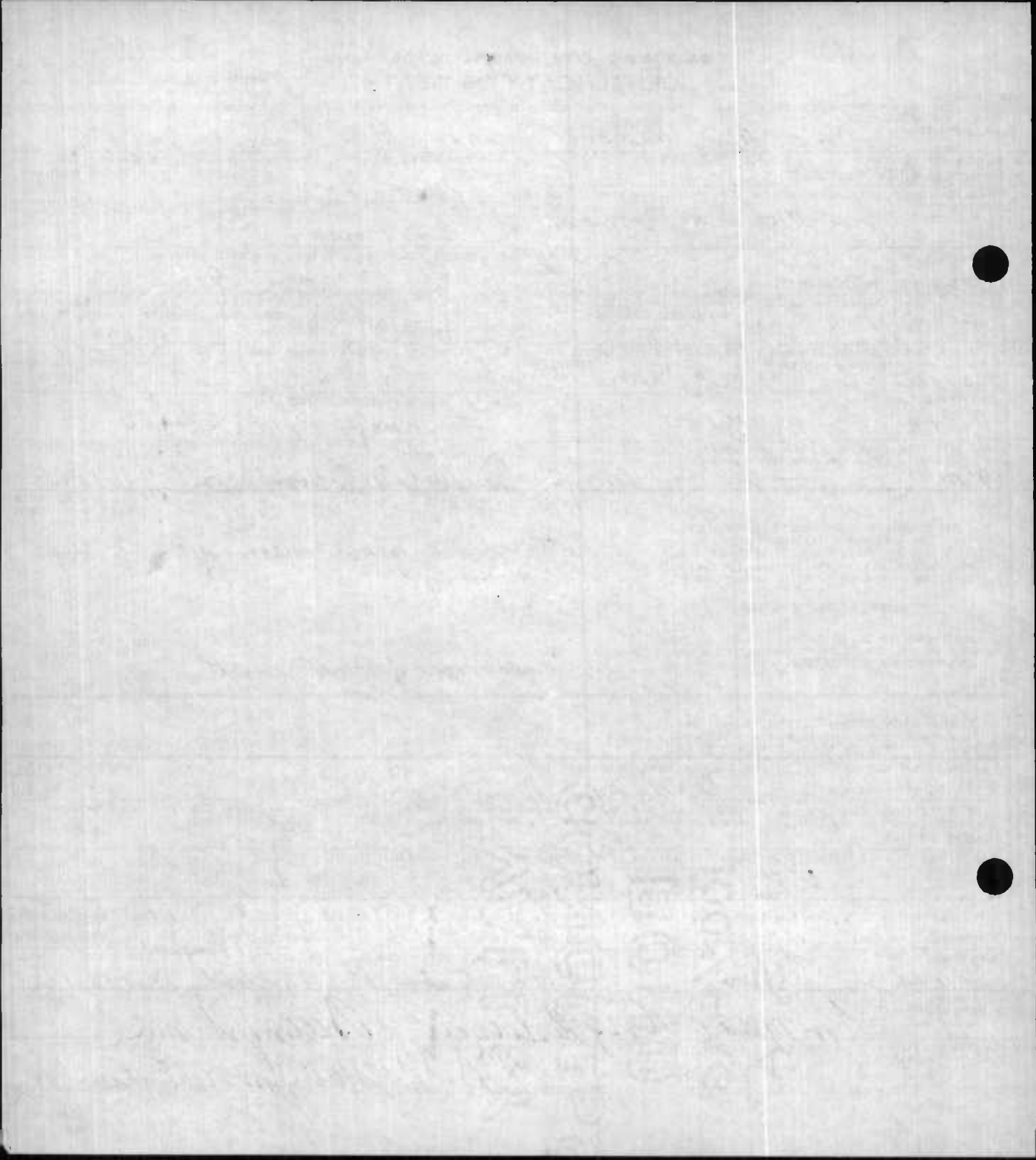
REGISTRAR'S SIGNATURE

Ruth S. Nelson

25. FUNERAL DIRECTOR

ADDRESS

R. S. Thompson, Son 1300 Eastern Ave



51 9962

51 9962

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mr. Harry Brooks

2. DATE
OF
DEATH

11/17/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Bon Secours Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

25-31

D. STREET ADDRESS (If rural, give location)

5123 Frederick Ave.

C. Length of stay in Baltimore

25 yrs.

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

8/7/09

9. AGE (in years
last birthday)

42

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Floor Man

10B. KIND OF BUSINESS OR
INDUSTRY

Western Electric Co

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Samuel Brooks

ELEC APP. (M)

14. MOTHER'S MAIDEN NAME

Clara Harper

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

NONE

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Dorothy H. Brooks 5123 Frederick Ave.

18. 570.5 I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

Generalized Peritonitis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Intestinal Obstruction

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONOITION CAUSING IT.

19A. DATE OF OPERATION

11/17/51

19B. MAJOR FINDINGS OF OPERATION

1) Intestinal Obstruction 2) Generalized Peritonitis

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 27 Oct, 1951, to 17 Nov, 1951, that I last saw the
deceased alive on 17 Nov, 1951, and that death occurred at 6:15 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Edward L. J. Krieg, M.D.

23B. ADDRESS

5019 Old Frederick Road

23C. DATE SIGNED

17 Nov 51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

11-20-51

24C. NAME OF CEMETERY OR CREMATORY

Granite Cemetery

24D. LOCATION (City, town, or county)

BALTO. County Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

NOV 19 1951

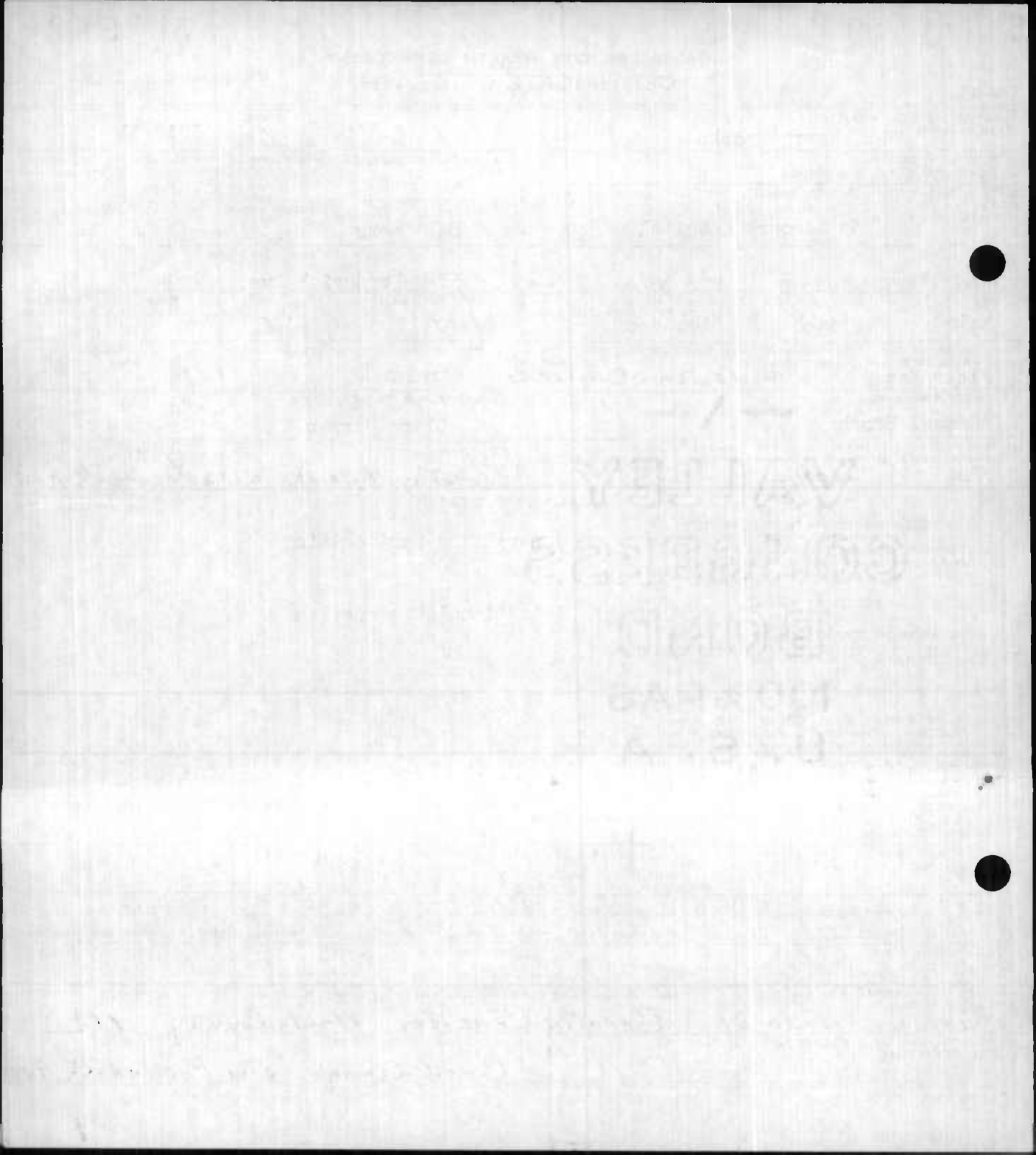
25. FUNERAL DIRECTOR

ADDRESS

GEO. L. Schwab 2101 Frederick Ave

6903L

122B



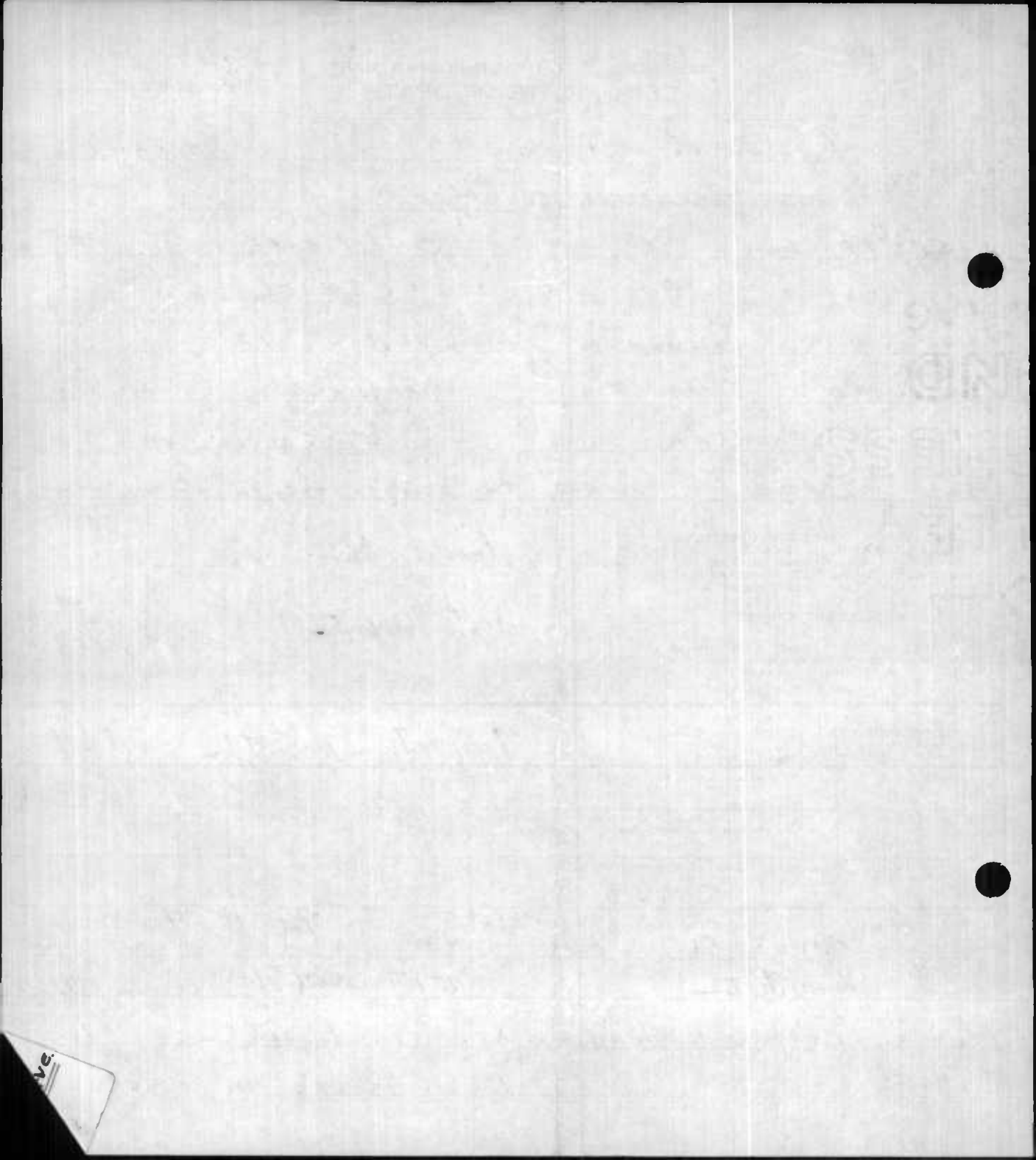
210
51 9953

51 9953

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____		1. NAME OF DECEASED (Type or Print) Addie C. Lusby		2. DATE OF DEATH NOVEMBER 16, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY _____			
B. FULL NAME OF (If not in hospital or institution, give street address or location) 1151 CLEVELAND ST.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 21-02			
c. Length of stay in Baltimore LIFE Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) 1151 CLEVELAND ST.			
5. SEX FEMALE	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH April 22, 1859	9. AGE (In years last birthday) 92	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY Domestic		11. BIRTHPLACE (State or foreign country) Maryland	
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13. FATHER'S NAME John T. Morgan		14. MOTHER'S MAIDEN NAME Unknown - Duval	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. NONE		17. INFORMANT ADDRESS Mr. Christian Braun 2614 Washington St.	
18. 590X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Broncho Pneumonia CAUSE OF DEATH (A) _____ DUE TO Acute Nephritis (B) _____ DUE TO (C) _____ INTERVAL BETWEEN ONSET AND DEATH 3 days. 11 days.		II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Respiratory Hemorrhage 2 wks.			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Nov 5, 1951 , to Nov 16, 1951 , that I last saw the deceased alive on Nov 16, 1951 , and that death occurred at 4:30 P.m. , from the causes and on the date stated above.					
23A. SIGNATURE Harry Kates M. D.		23B. ADDRESS 517 Scott St		23C. DATE SIGNED Nov 17/51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 11-19-51		24C. NAME OF CEMETERY OR CREMATORY Meadowridge	
24D. LOCATION (City, town, or county) (State) Howard County, Md.		24E. FUNERAL DIRECTOR Geo. L. Schwab		24F. ADDRESS 2101 Frederick A	



30
51 9964BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

51 9964

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

LEMUEL ALFRED FOARD

2. DATE
OF
DEATH

Nov. 16, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR US Public Health Service
INSTITUTION Wyman Pk. Drive & 31st Street

C. Length of stay in Baltimore

89 days

Yrs.
Mos.
Days4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE D.C. B. COUNTY V-48 before admission)C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)
Washington

D. STREET ADDRESS (If rural, give location)

459 G Street, SW

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Divorced

8. DATE OF BIRTH

1/16/00

9. AGE (In years
last birthday)

51

10. Under 1 Year
Months Days11. Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Seaman

10B. KIND OF BUSINESS OR
INDUSTRY

Seafarer

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?
USA

13. FATHER'S NAME

Frank Foard

14. MOTHER'S MAIDEN NAME

Hattie Smith

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

?

16. SOCIAL
SECURITY NO.

579-09-6228

17. INFORMANT

ADDRESS

Records- US PHS HOSPITAL, BALTO, MD.

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Transitional Cell Carcinoma
of ano-rectal junction

Sept '50

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Perforated Gastric Ulcer Recent

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 19, 1951, to Nov. 16, 1951, that I last saw the
deceased alive on Nov. 16, 1951, and that death occurred at 2:30P m., from the causes and on the date stated above.

23A. SIGNATURE

M. O.

23B. ADDRESS

US PHS HOSPITAL, BALTO, MD.

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 19 1951

VS 150

673 55

46D

678-03-1288

1901-1902 - 12-10-1901

Nov. 18 1901

3:30

536

51 9965

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 9965

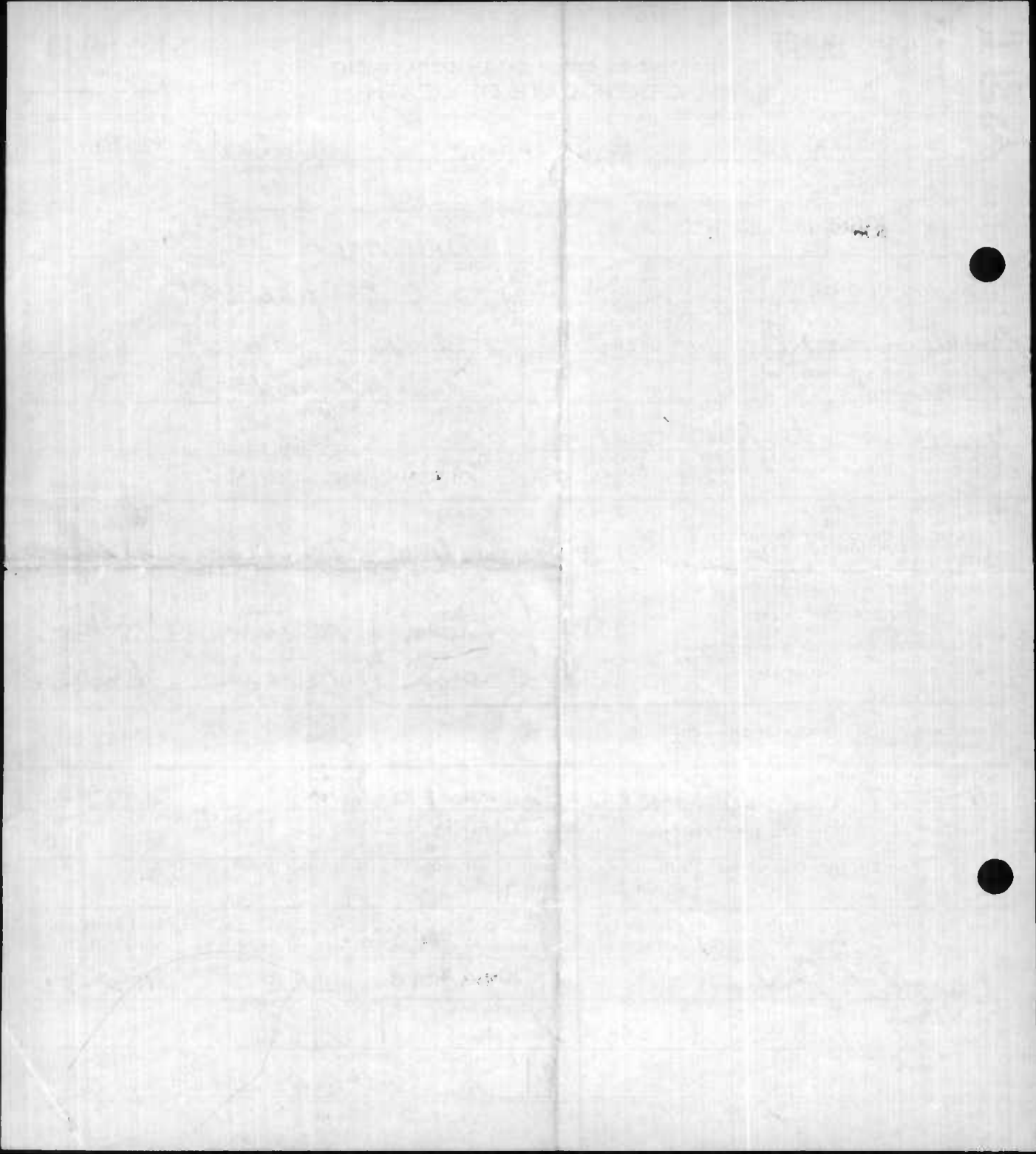
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) ANNIE Henderson			2. DATE OF DEATH NOV 18 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 8-07		
c. Length of stay in Baltimore			D. STREET ADDRESS (if rural, give location) 1620 E. Chase St.		
5. SEX female	6. COLOR OR RACE colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 8-2-95	9. AGE (In years last birthday) 56	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10B. KIND OF BUSINESS OR INDUSTRY		
13. FATHER'S NAME William Scott			14. MOTHER'S MAIDEN NAME Agnes Scott		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
			17. INFORMANT JOHNS HOPKINS HOSPITAL ADDRESS _____		

18. 154X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Generalized peritonitis	CAUSE OF DEATH (A) Generalized peritonitis DUE TO	INTERVAL BETWEEN ONSET AND DEATH 8 days.
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Perforation of rectum	(B) Perforation of rectum DUE TO Carcinoma of rectum	8 days, 6 months.
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 11-2-51	19B. MAJOR FINDINGS OF OPERATION Extensive carcinoma of rectum	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 10-30-1951 to 11-18-1951 , that I last saw the deceased alive on 11-18-1951 , and that death occurred at 12:28 PM , from the causes and on the date stated above.		
23A. SIGNATURE Dwight C. Nelson	23B. ADDRESS JOHNS HOPKINS HOSPITAL	23C. DATE SIGNED 11-18-51
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Nov. 21/51	24C. NAME OF CEMETERY OR CREMATORY Arbutus Mary Park
24D. LOCATION (City, town, or county) (State) Arbutus Md.	25. FUNERAL DIRECTOR Mrs. Corb. A. Elliott & Daughter	
DATE RECEIVED BY LOCAL REGISTRAR NOV 19 1951	REGISTRAR'S SIGNATURE William Henderson	ADDRESS 1129 N. Caroline St. 46D



00 51 9966

51 9966

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

James F. Lee

2. DATE
OF
DEATH

Nov 15 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence
A. STATE B. COUNTY before admission)

Md

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

B. FULL NAME OF (If not in hospital or institution, give street address or location)

INSTITUTION

C. Length of stay in Baltimore

35 yrs.

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Caucasian

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Aug 3 1888

9. AGE (in years
last birthday)

63

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Laborer (Retired)

10B. KIND OF BUSINESS OR
INDUSTRY

gen

11. BIRTHPLACE (State or foreign country)

Augusta Ga.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John Henry Lee

14. MOTHER'S MAIDEN NAME

Annie Wright

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

Mary Lee 1622 Abbott St

ADDRESS

18. 443 X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Aortic & mitral insufficiency 2 wks.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) DUE TO
(C) DUE TO

Hypertensive heart disease 5 yrs.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-21, 1951 to 11-15, 1951, that I last saw the
deceased alive on 11-14, 1951 and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

G. C. Surwell

M. D.

23B. ADDRESS

121 Airquench St

23C. DATE SIGNED

11-12-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

Nov 19/51

24C. NAME OF CEMETERY OR CREMATOR

Mt. Calvary Cem

24D. LOCATION (City, town, or county)

G.A. County Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Wilmington Williams

25. FUNERAL DIRECTOR

Mrs Robt. A. Elliott & Daughter

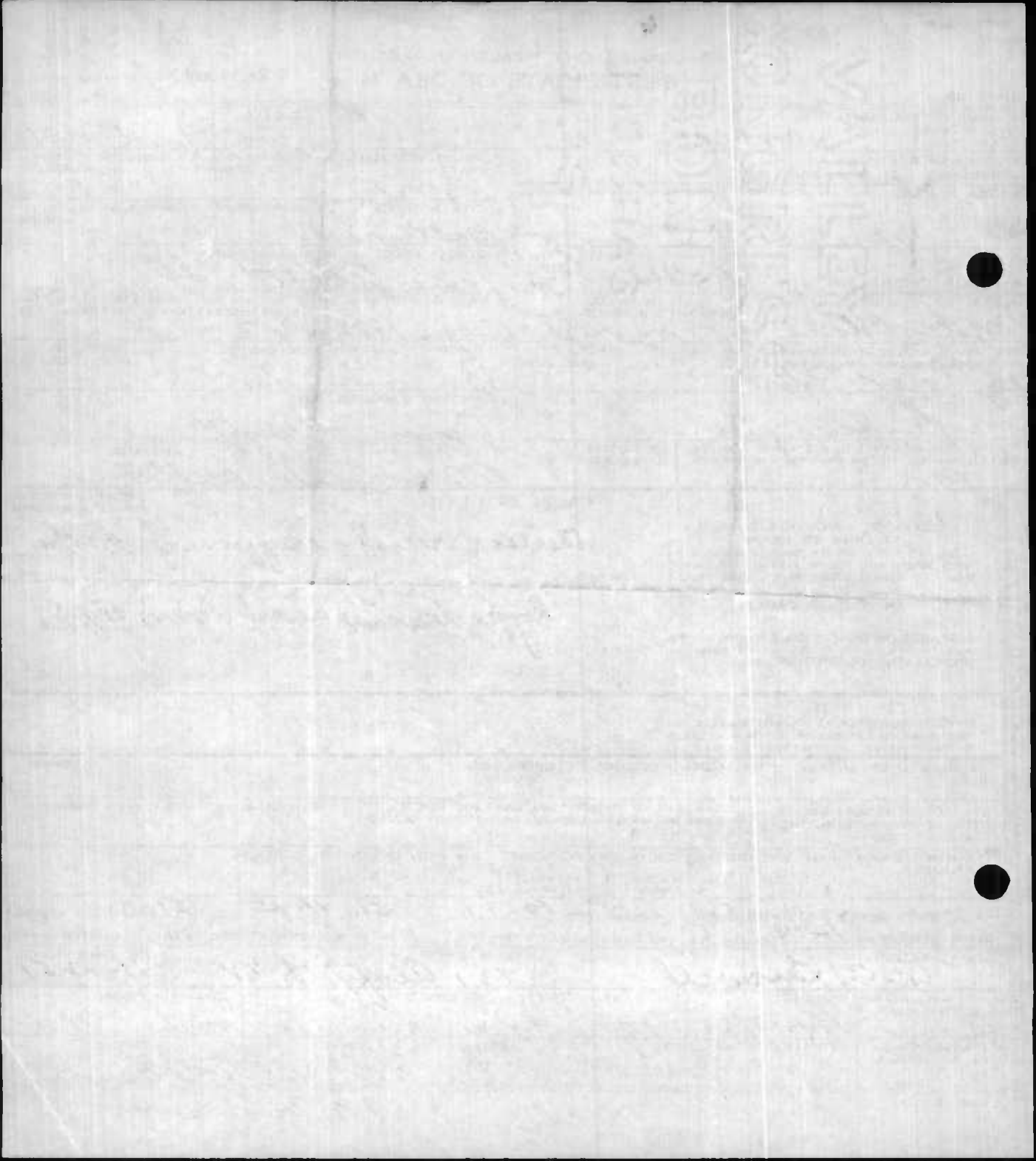
ADDRESS

97099

1129 N. Caroline St 92B

NOV 19 1951

MEDICAL CERTIFICATION



431 51 9967

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

51 9967

BIRTH NO. 51-27240

1. NAME OF DECEASED
(Type or Print)

Baby Girl Goldberg

2. DATE
OF
DEATH

11/18/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

MARYLAND

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)HOSPITAL FOR WOMEN
OF MARYLAND.C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

BALTIMORE

15-13

C. Length of stay in Baltimore

Yrs.
Mos.
Days

1

D. STREET ADDRESS (If rural, give location)

12531 LOYOLA Southway

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

single

8. DATE OF BIRTH

11/18/51

9. AGE (in years
last birthday)H Under 1 Year
Months: DaysH Under 24 Hours
Hours: Min.

16 36

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

MARYLAND.

12. CITIZEN OF
WHAT COUNTRY?

USA.

13. FATHER'S NAME

Jerome Nathan Goldberg.

14. MOTHER'S MAIDEN NAME

Lilian Beatrice Ester

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

Mother

ADDRESS

2531 LOYOLA Southway

18. 758.1 and 776X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Prematurity - 34 wks

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

16 hours

+

36 min.

ANTECEDENT CAUSES

(B)

Achondroplastic Dwarfism.

DUE TO

(C)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/18, 1951 to 11/18, 1951 that I last saw the
deceased alive on 11/18, 1951 and that death occurred at 6 Pm., from the causes and on the date stated above.

23A. SIGNATURE

Geny D. Powell Jr.

M. D.

23B. ADDRESS

HOSPITAL FOR
WOMEN OF MD. BALTIMORE MD

23C. DATE SIGNED

11/18/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

Nov 19 1951

Hebrew Rose Dale.

Hamletome, Balto, Md.

BALTO, MD.

DATE RECEIVED BY
LOCAL REGISTRAR

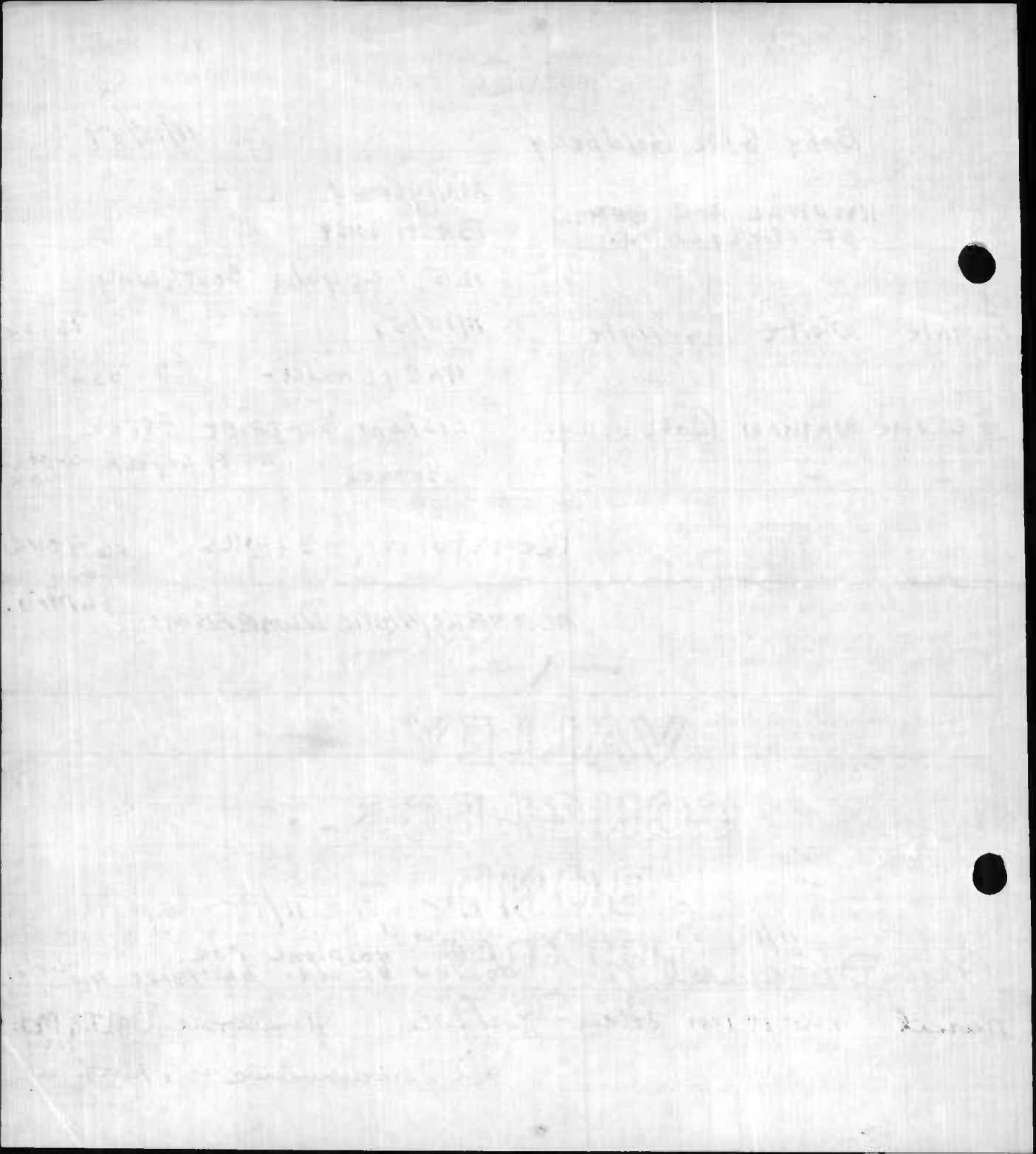
REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 19 1951

Sol Levinson Bros W. North Ave



51 9968

51 9968

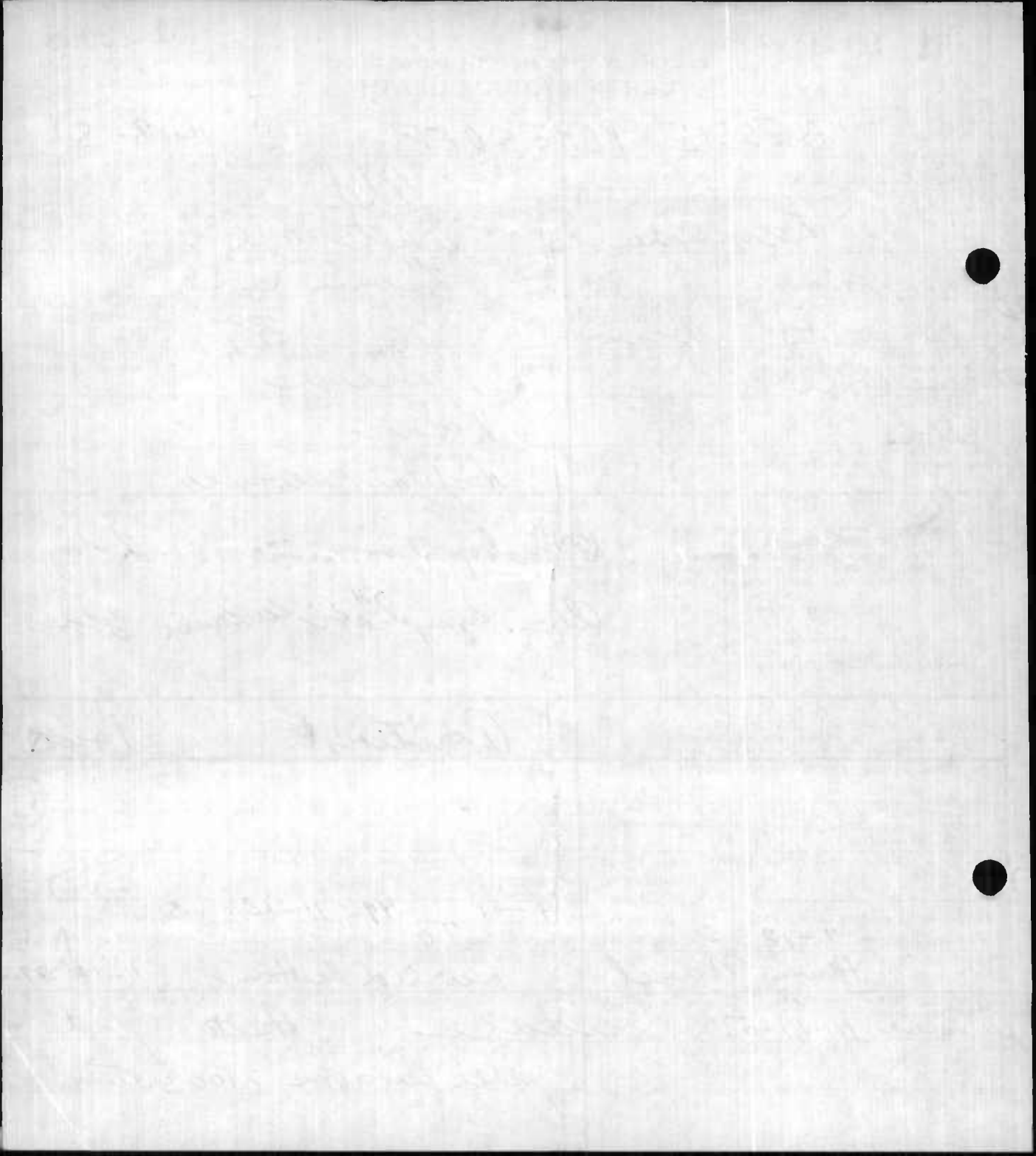
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____		1. NAME OF DECEASED (Type or Print) BESSIE PEREGOFF		2. DATE OF DEATH 11-18-51	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE Where deceased lived. If institution: residence before admission) a. STATE Md b. COUNTY _____			
b. FULL NAME OF HOSPITAL OR INSTITUTION Levindale		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 27-17			
c. Length of stay in Baltimore 43 Yrs. 1 Mos. 1 Days		d. STREET ADDRESS (If rural, give location) Levindale			
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow		8. DATE OF BIRTH 8-7	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10b. KIND OF BUSINESS OR INDUSTRY		9. AGE (in years last birthday) 57 If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.	
11. BIRTHPLACE (State or foreign country) Russia		12. CITIZEN OF WHAT COUNTRY? ✓			
13. FATHER'S NAME Sol		14. MOTHER'S MAIDEN NAME Liska			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Hospital records	

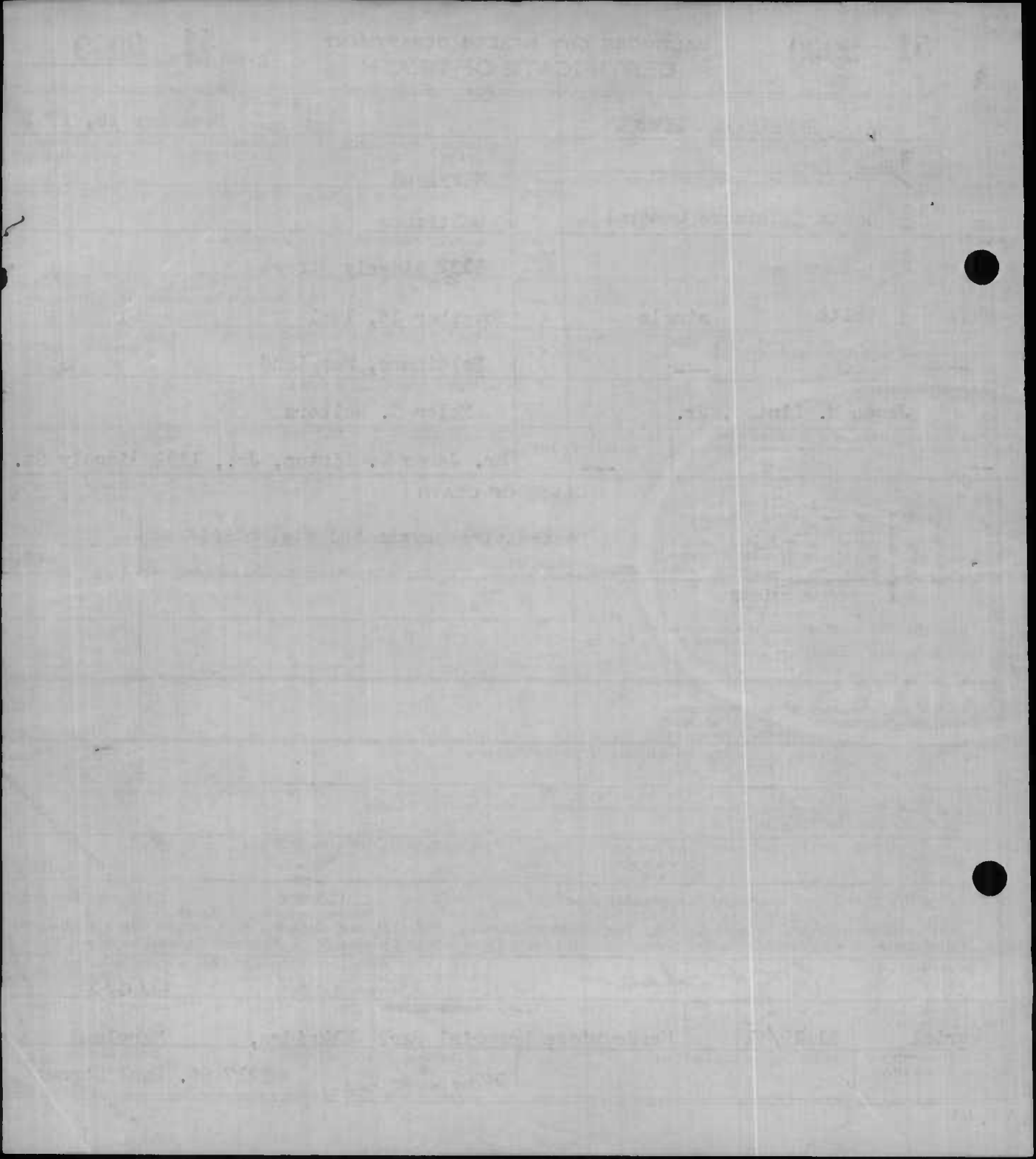
18. 204.0 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Bronchopneumonia DUE TO Chron. lymphatic leucemia DUE TO Parotitis	CAUSE OF DEATH (A) Bronchopneumonia (B) Chron. lymphatic leucemia (C) _____	INTERVAL BETWEEN ONSET AND DEATH 2 days years 1 week
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDER- Lying <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 4-1 , 19 49 , to 11-18 , 19 51 , that I last saw the deceased alive on 11-18 , 19 51 , and that death occurred at 79 m., from the causes and on the date stated above.					
23A. SIGNATURE Henry Nagel M. D.		23B. ADDRESS Levindale Home		23C. DATE SIGNED 11-18-51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 11-19-51		24C. NAME OF CEMETERY OR CREMATORY Rosedale	
24D. LOCATION (City, town, or county) (State) Balto Md		25. FUNERAL DIRECTOR Jack Lewis Inc 2100 Canton Pl			
DATE RECEIVED BY LOCAL REGISTRAR NOV 19 1951		REGISTRAR'S SIGNATURE			



1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
HENRIETTA LINTON		November 16, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
		A. STATE Maryland	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)	
South Baltimore General		Baltimore	
C. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location)	
		1132 Ridgely Street	
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH
Male	White	single	November 15, 1951
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	
none			
13. FATHER'S NAME		11. BIRTHPLACE (State or foreign country)	
James W. Linton, Jr.		Baltimore, Maryland	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT		ADDRESS	
Mr. James W. Linton, Jr.,		1132 Ridgely St.	

18. CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)			
(A) Postnatal asphyxia and atelectasis			
ANTECEDENT CAUSES			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE, (A) STATING THE UNDERLYING CONDITION LAST.			
(B)			
(C)			
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY?		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED	
		WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	
21F. HOW DID INJURY OCCUR?			
22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> accident <input type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/> .			
23A. SIGNATURE		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>	
RS Fisher		M.D. 11/16/51	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE	
burial		11/19/51	
24C. NAME OF CEMETERY		24D. LOCATION (City, town, or county) (State)	
Meadowridge Memorial Park		Elkridge, Maryland	
DATE RECEIVED BY LOCAL REGISTRAR		25. FUNERAL DIRECTOR ADDRESS	
NOV 19 1951		Wm. Cook, Inc., 1217 St. Paul Street	



530 51 9970

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 9970
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) MR. JOHN SMITH		2. DATE OF DEATH 11-18-57	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD. B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION CHURCH HOME + HOSPITAL		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE. 27-20	
C. Length of stay in Baltimore LIFE		D. STREET ADDRESS (If rural, give location) 6611 PARK HEIGHTS Ave.	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 7-22-77
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) UNKNOWN		10B. KIND OF BUSINESS OR INDUSTRY ?	
13. FATHER'S NAME CHRISTIAN SMITH.		14. MOTHER'S MAIDEN NAME CAROLINE WEDEL	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, unknown) No		16. SOCIAL SECURITY NO. none	
17. INFORMANT SELF [RECORDS]		ADDRESS	

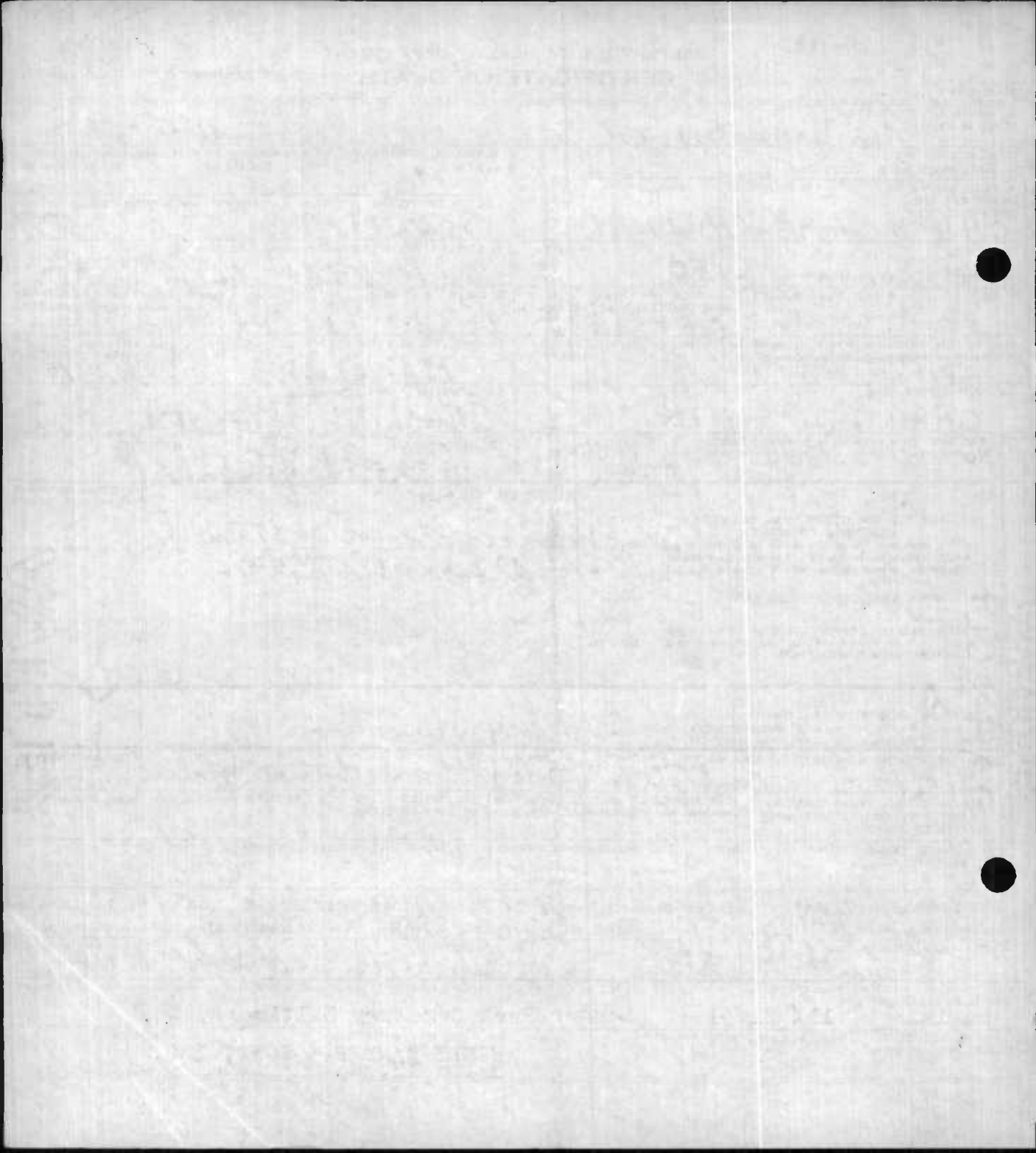
18. 151X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Adenocarcinoma of Stomach = Abdominal Distention		INTERVAL BETWEEN ONSET AND DEATH
CAUSE OF DEATH (A) DUE TO		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Secondary Stomach		

19A. DATE OF OPERATION 11-17-57		19B. MAJOR FINDINGS OF OPERATION multiple metastases of Abdomen + distention of Colon.		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 11-17 , 19 57 , to 11-18 , 19 57 that I last saw the deceased alive on 11-17 , 19 57 , and that death occurred at 12:30 p.m. , from the causes and on the date stated above.					
23A. SIGNATURE Robert G. Stone		23B. ADDRESS Church Home + Hospital		23C. DATE SIGNED 11-18-57	

24A. BURIAL, CREMATION, REMOVAL (Specify) burial		24B. DATE 11/ 21/51		24C. NAME OF CEMETERY OR CREMATORY Loudon Park Cemetery Baltimore, Md.		24D. LOCATION (City, town, or county) (State)	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR HENRY SANDER & SONS, INC.		ADDRESS Balto 13, Md	

MEDICAL CERTIFICATION

46B



51 9971

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 9971
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

William Edward Hamilton

2. DATE
OF
DEATH

11/16/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland Balto., Md.

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

3406 Parklawn Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE
Md.

B. COUNTY

C. CITY OR TOWN

Balto.

D. STREET ADDRESS (If rural, give location)

3406 Parklawn Ave.

C. Length of stay in Baltimore

33 yrs.

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Oct. 29, 1887

9. AGE (In years
last birthday)

64

If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Carpenter

10B. KIND OF BUSINESS OR
INDUSTRY

Building

11. BIRTHPLACE (State or foreign country)

Chicago, Ill

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

William

Hamilton

14. MOTHER'S MAIDEN NAME

Gertrude Meyers

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.
216-09-368617. INFORMANT 3406 Parklawn Avenue - 13
Mrs. Irene Hamilton

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Coronary Heart Disease

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

Carcinoma of Bladder

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/30, 1951 to 11/15/51, 1951, that I last saw the
deceased alive on 11/15, 1951, and that death occurred at 1:00 AM from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

1400 N. Caroline St.

23C. DATE SIGNED

11/16/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

burial

24B. DATE

11/19/51

24C. NAME OF CEMETERY OR CREMATORY

PARKWOOD CEMETERY

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

HESS FUNERAL DIRECTOR

ADDRESS

BALTO., 13, MD.

VS 150

51024

52B

MEDICAL CERTIFICATION

10/10/10

10/10/10

10/10/10

10/10/10

10/10/10

10/10/10

10/10/10

10/10/10

10/10/10

10/10/10

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10/10/10

200 51 9972

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

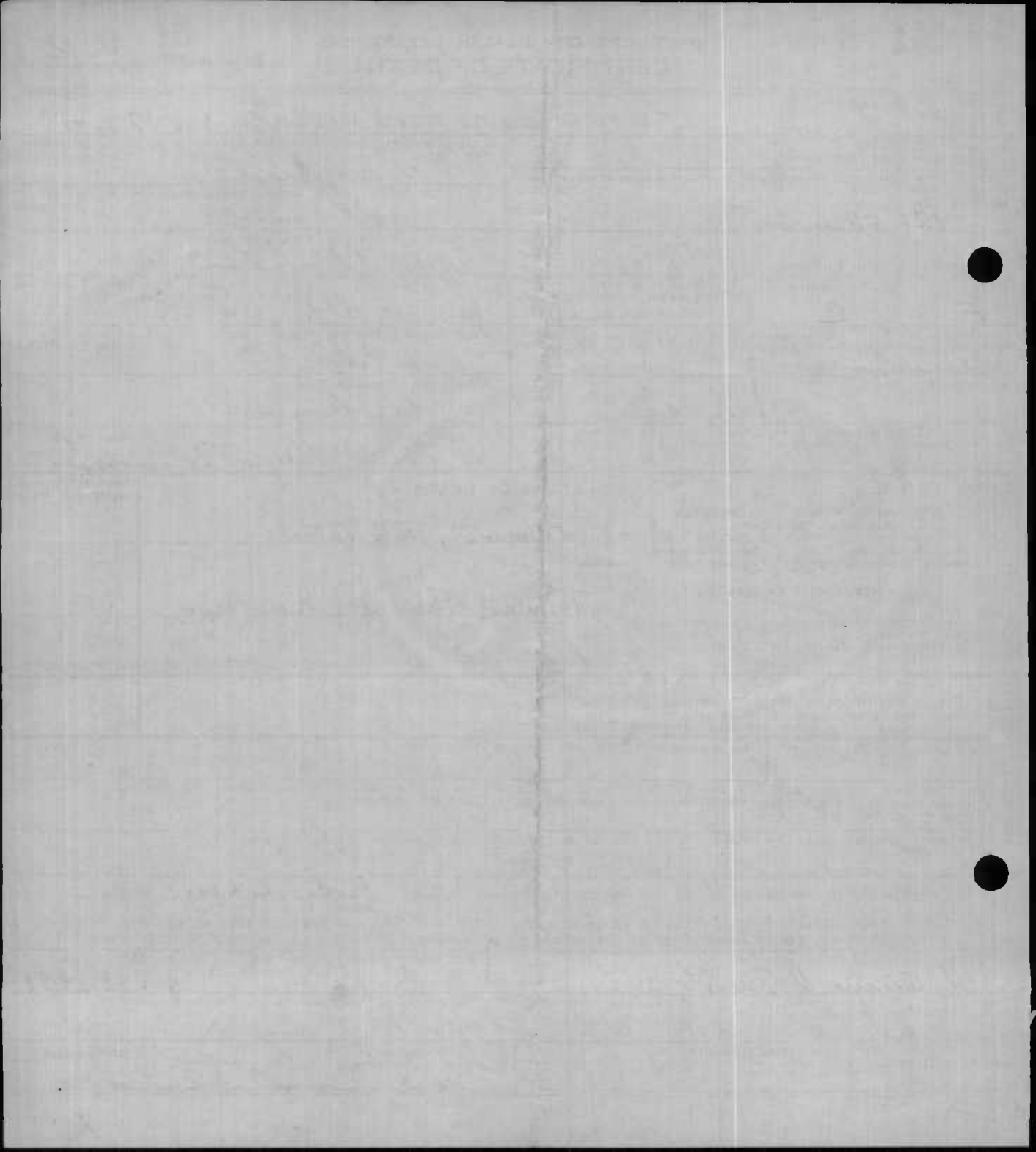
51 9972
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
LENORA JAMERSIN HAYES		Nov 17, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 921 Edmondson		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 18-01	
D. STREET ADDRESS (If rural, give location) 921 Edmondson Ave.		5. SEX F 6. COLOR OR RACE C 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	
8. DATE OF BIRTH June 10, 1887		9. AGE (In years last birthday) 64	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Landress		10B. KIND OF BUSINESS OR INDUSTRY Public	
11. BIRTHPLACE (State or foreign country) James City, Va		12. CITIZEN OF WHAT COUNTRY? ✓	
13. FATHER'S NAME Jamerson		14. MOTHER'S MAIDEN NAME Unknown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 217-03-1863	
17. INFORMANT Mrs. Percy Hayes Edmondson Ave.		ADDRESS 921	

18. CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO Pulmonary Tuberculosis		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) Terminal Pulmonary Hemorrhage		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE William H. Smith		23B. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR		23C. DATE SIGNED Nov 18, 1951	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Nov 21, 1951		24C. NAME OF CEMETERY OR CREMATORY Arbutus Mem. Pk.	
24D. LOCATION (City, town, or county) Balt. C. Md.		24E. FUNERAL DIRECTOR		24F. ADDRESS 1631 Druid Hill Ave.	
24G. DATE RECEIVED BY LOCAL REGISTRAR 01/19/51		24H. REGISTRAR'S SIGNATURE		24I. ADDRESS	



320
51 9973

51 9973

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

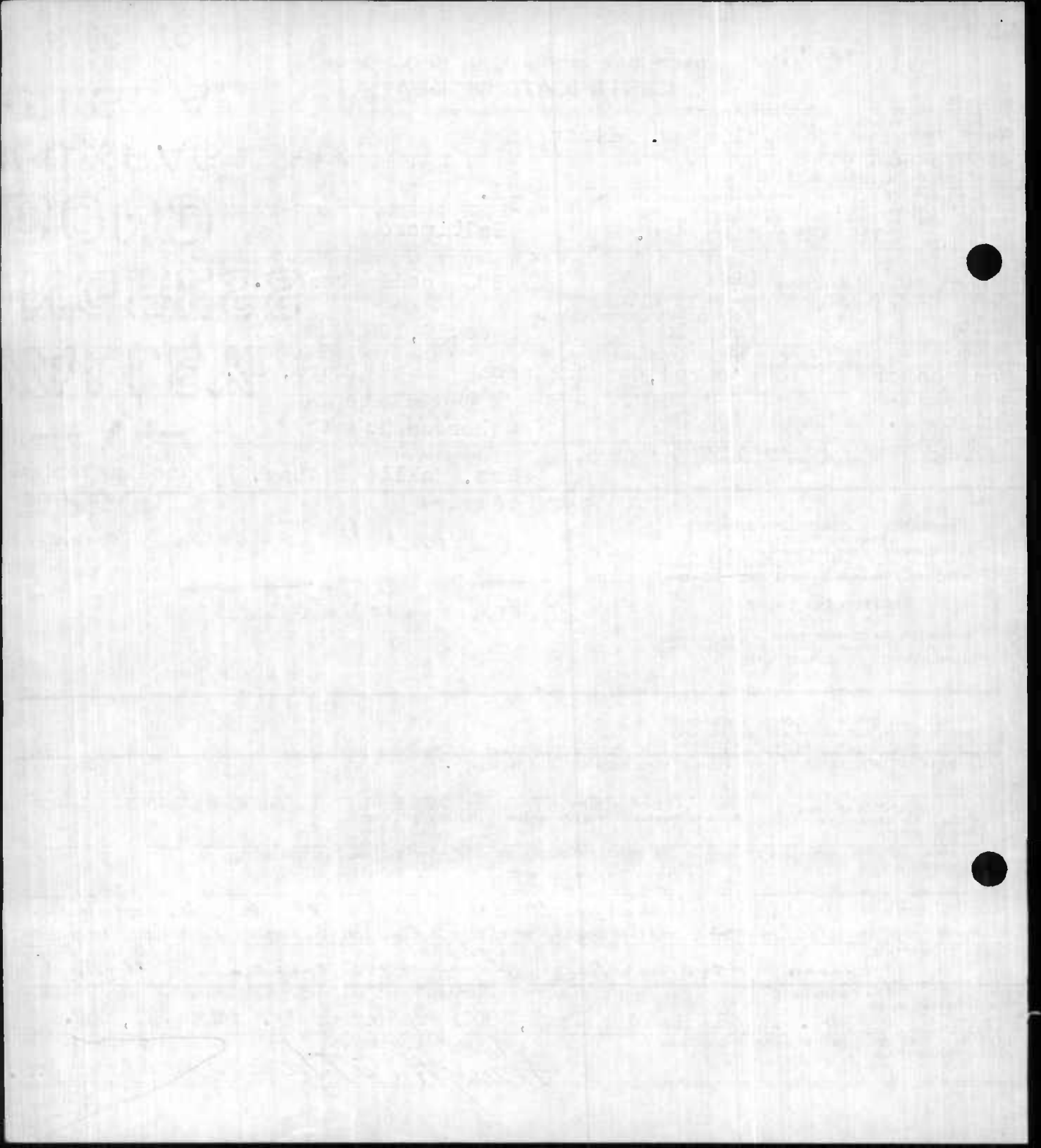
BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) Julius F. Litzau		2. DATE OF DEATH Nov. 16/51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE _____ B. COUNTY _____	
B. FULL NAME OF HOSPITAL OR INSTITUTION Hood's Nursing home 5313 Edmondson Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
C. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 603 Woodington Rd.	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Dec. 10, 1883
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Contractor		10B. KIND OF BUSINESS OR INDUSTRY Retired, Own Business	9. AGE (In years last birthday) 67 If Under 1 Year: Months: Days: Hours: Min.
11. BIRTHPLACE (State or foreign country) Baltimore, Md.		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Julius C. Litzau		14. MOTHER'S MAIDEN NAME Theresa Schalk	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT Mrs. Nellie Litzau		ADDRESS 603 Woodington Rd	

18. 4/22/1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Myocardial Infarction CAUSE OF DEATH (A) Myocardial Infarction DUE TO (B) Arterio Sclerosis DUE TO (C) _____ INTERVAL BETWEEN ONSET AND DEATH 2 weeks	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION 11-16-51		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 10-10-51 to 11-16-51 , that I last saw the deceased alive on 11-16-51 and that death occurred at 3:00 m., from the causes and on the date stated above.					
23A. SIGNATURE James E. Howell		23B. ADDRESS Edmondson Ave.		23C. DATE SIGNED 11-18	

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Nov. 19/51		24C. NAME OF CEMETERY OR CREMATORY Loudon Park, 3801 Frederick Rd. Balto.		24D. LOCATION (City, town, or county) (State) 29, Md.	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE Harry A. Litzau		25. FUNERAL DIRECTOR Harry A. Litzau		ADDRESS 4101 Edmondson Ave.	



400
51 9974BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 9974
Registered No.

BIRTH NO.		
1. NAME OF DECEASED (Type or Print) Elsie M. Veli		2. DATE OF DEATH November 16, 1951
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland B. COUNTY
B. FULL NAME OF (If not in hospital or institution, give street address or location) 1332 Glyndon Avenue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 21-02
C. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 1332 Glyndon Avenue
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10B. KIND OF BUSINESS OR INDUSTRY own home
13. FATHER'S NAME Howard T. Reed		11. BIRTHPLACE (State or foreign country) Dorchester County, Maryland
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, oo or unknown) (If yes, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY?
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME Grace Warfield
17. INFORMANT Temple E. Veli, 1332 Glyndon Avenue		ADDRESS

18. **170 X I**
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
Carcinoma, breast, right
(A)
DUE TO

INTERVAL BETWEEN ONSET AND DEATH
2 years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO

(C)

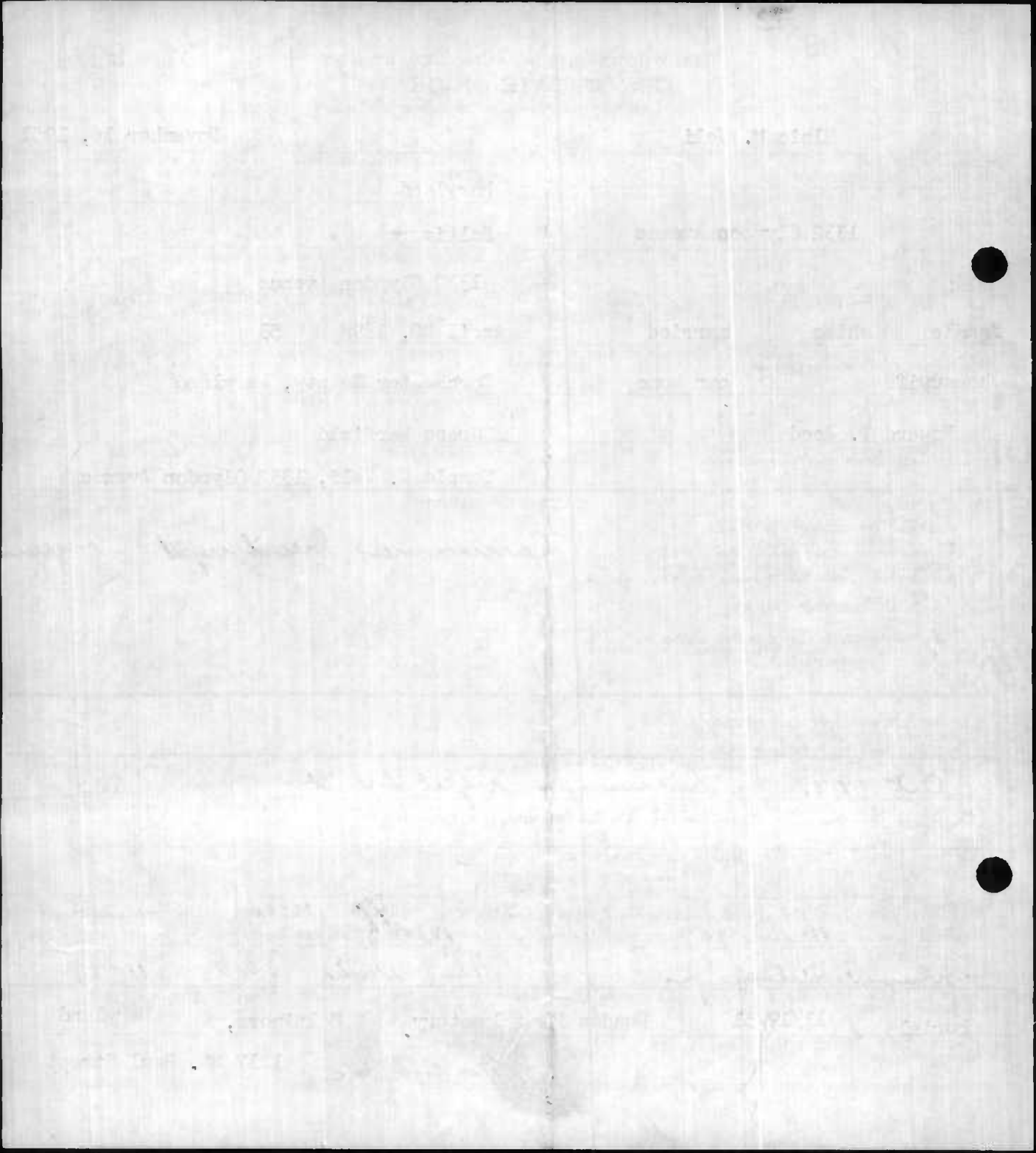
II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION Oct 19 49		19B. MAJOR FINDINGS OF OPERATION Carcinoma right breast.		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from **12-2**, 19**49** to **11-16**, 19**51**, that I last saw the deceased alive on **11-16**, 19**51** and that death occurred at **7:30 A.M.**, from the causes and on the date stated above.

23A. SIGNATURE John P. Veluch Jr. M. O.	23B. ADDRESS 1227 Wash. Blvd	23C. DATE SIGNED 11-17 51
--	--	-------------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) burial	24B. DATE 11/19/51	24C. NAME OF CEMETERY OR CREMATORY Loudon Park Cemetery	24D. LOCATION (City, town, or county) (State) Baltimore, Maryland
DATE RECEIVED BY LOCAL REGISTRAR		25. FUNERAL DIRECTOR Wm. Cook, Inc.,	ADDRESS 1217 St. Paul Street



660 51 9975

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

51 9975

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Clara Rohrer

2. DATE
OF
DEATH

11/17/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland ✓

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

B. COUNTY Baltimore

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

South Baltimore General Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

C. Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

7007 Railway Ave.

5200

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

10/20/1868

9. AGE (In years
last birthday)

83

If Under 1 Year
Months: Days Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

Own House

13. FATHER'S NAME

Fred Leatherman

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Mary Weller

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

Evelyn Kraus 7007 Railway Ave

Dundalk

18. 446X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) Terminal Uremia

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

hours.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Chronic nephrosclerosis

DUE TO

Lobar pneumonia

(C)

years
hours

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/16/51, 19__, to 11/17/51, 19__, that I last saw the
deceased alive on 11/17/51, 19__ and that death occurred at 12:55 A. M., from the causes and on the date stated above.

23A. SIGNATURE

J. J. [Signature]

23B. ADDRESS

M. D. 1213 Light Street

23C. DATE SIGNED

11/17/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

11/20/51

24C. NAME OF CEMETERY OR CREMATORY

Balto.

24D. LOCATION (City, town, or county) (State)

Balto. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Wm Cook Inc. 1217 St. Paul St.

100

100

100

100

100

100

100

100

100

100

100

100

100

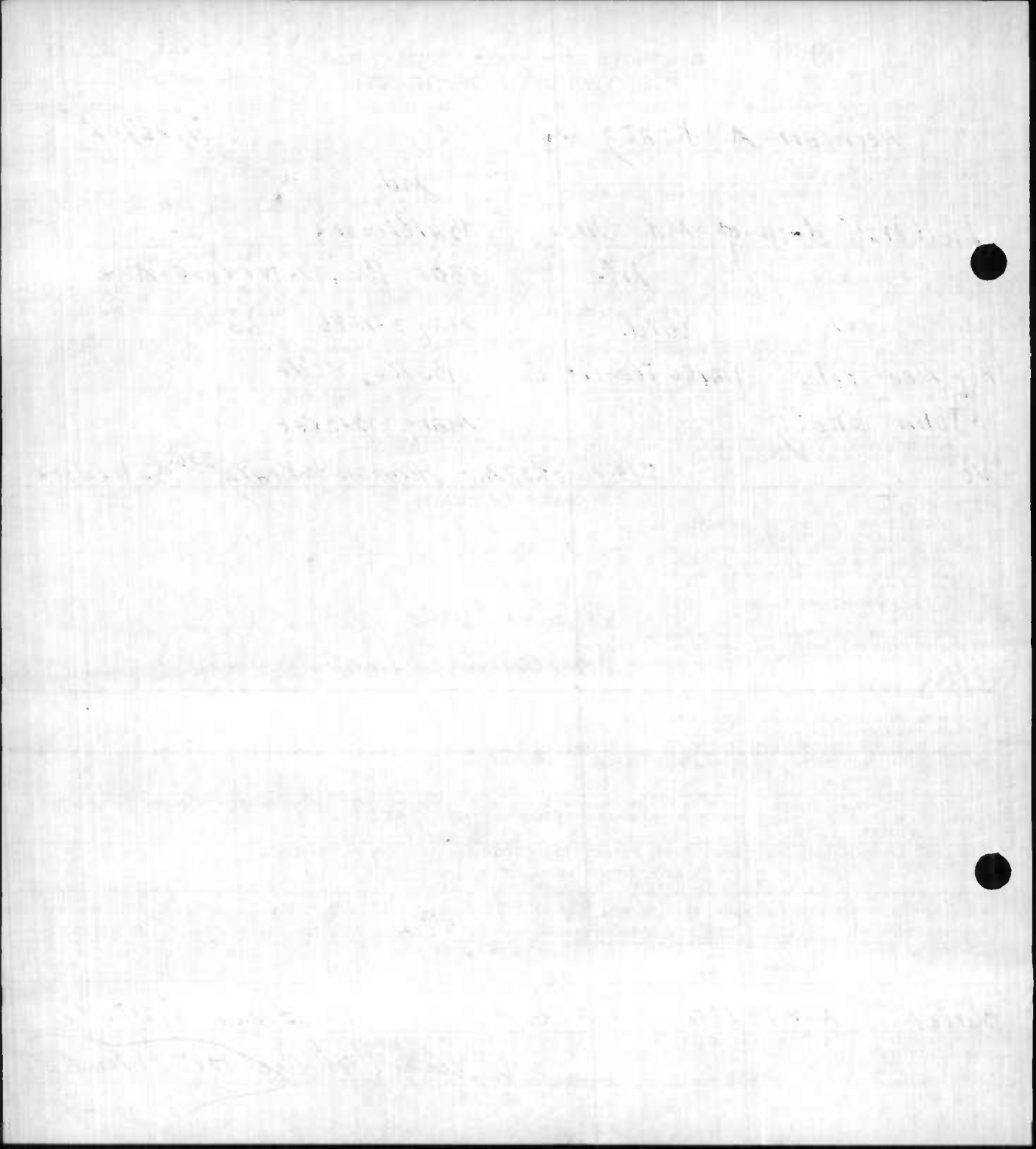
100

632
51 9976BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

51 9976

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Herman A. Kratz</i>		2. DATE OF DEATH <i>11/16/51</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Lutheran Hosp of Md. Inc.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 27-18</i>			
C. Length of stay in Baltimore <i>Life</i>		D. STREET ADDRESS (If rural, give location) <i>3301 W. Belvedere Ave</i>			
5. SEX <i>M.</i>	6. COLOR OR RACE <i>W.</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Wid.</i>	8. DATE OF BIRTH <i>May 3-1886</i>		9. AGE (In years last birthday) <i>65</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Shop Man - Ret.</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Balto Transit Co</i>		11. BIRTHPLACE (State or foreign country) <i>Balto Md.</i>	
13. FATHER'S NAME <i>John Kratz</i>		14. MOTHER'S MAIDEN NAME <i>Mary Becket</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>213-10-0277A</i>		17. INFORMANT <i>Herman G. Kratz</i> ADDRESS <i>3301 W. Belvedere</i>	
18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>(A) <u>Uremia</u></i> DUE TO ANTECEDENT CAUSES <i>(B) <u>Atherosclerosis</u></i> DUE TO <i>(C) <u>Hypertensive cardiovascular disease</u></i>					INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>2</i>		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>11-9</i> , 19 <i>51</i> , to <i>11-16</i> , 19 <i>51</i> , that I last saw the deceased alive on <i>11-16</i> , 19 <i>51</i> , and that death occurred at <i>5:30</i> A.M., from the causes and on the date stated above.					
23A. SIGNATURE <i>Wm. J. ...</i>		23B. ADDRESS <i>Lutheran Hosp.</i>		23C. DATE SIGNED <i>11-19-1951</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Nov. 19-1951</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Woodlawn</i>	
24D. LOCATION (City, town, or county) (State) <i>Woodlawn Balto Co.</i>		25. FUNERAL DIRECTOR <i>William Cook Inc</i> ADDRESS <i>1217 St Paul St</i>			



163 51 9977

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 9977

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOSEPHINE LAPORTE

2. DATE
OF
DEATH

11-17-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

236 N. PORT ST.

C. Length of stay in Baltimore

45

Yrs.
Mos.
Days

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

WIDOWED

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

HOUSEWORK

10B. KIND OF BUSINESS OR INDUSTRY

HOME

13. FATHER'S NAME

CHRISTOPHER SGRORI

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

MARYLAND

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

236 N. PORT ST

8. DATE OF BIRTH

12-21-1881

9. AGE (In years last birthday)

69

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

SICILY

12. CITIZEN OF
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

NOT KNOWN

17. INFORMANT

ADDRESS

ANTHONY LAPORTE 236 N. PORT ST

18.

586 X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

Cerebral Hemorrhage

Myocardial and Valvular Insufficiency

Chronic Gall Bladder Disease

INTERVAL BETWEEN
ONSET AND DEATH

3-14-51

?

?

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Jan. 17, 1951 to Nov. 17, 1951, that I last saw the deceased alive on Jan. 17, 1951, and that death occurred at 10:30 p. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 19 1951

FRANK CVACH & SON 900 N. CHESTER

WEST PHINE L. PORTS

WEST PHINE L. PORTS

WEST PHINE L. PORTS

WEST PHINE L. PORTS

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WEST PHINE L. PORTS

WEST PHINE L. PORTS

200 51 9978

51 9978

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

BEATRICE KEYS-

2. DATE
OF
DEATH

11-15-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

UNIVERSITY HOSP-

Yrs.
Mos.
Days

C. Length of stay in Baltimore

LIFE

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

MD

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTO

16-02

D. STREET ADDRESS (If rural, give location)

1022 N. CALHOUN ST.

5. SEX

F

6. COLOR OR RACE

C

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

1909

9. AGE (in years
last birthday)

42

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

H.W.

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

MD.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

JOHN MORRIS

14. MOTHER'S MAIDEN NAME

?

1105 N. MOUNT ST

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL
SECURITY NO.

NONE

17. INFORMANT

ADDRESS

ALEXANDER KEYS

18.

155X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) CARCINOMA - GALL BLADDER

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) GENERALIZED METASTASIS

DUE TO

(C) DEHYDRATION.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

MAY - 1951

19B. MAJOR FINDINGS OF OPERATION

INOPERABLE

CARCINOMA

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-15 1951, to 11-15 1951, that I last saw the
deceased alive on 11-15 1951, and that death occurred at 11:30 Am., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

FEDERAL DIRECTOR

ADDRESS

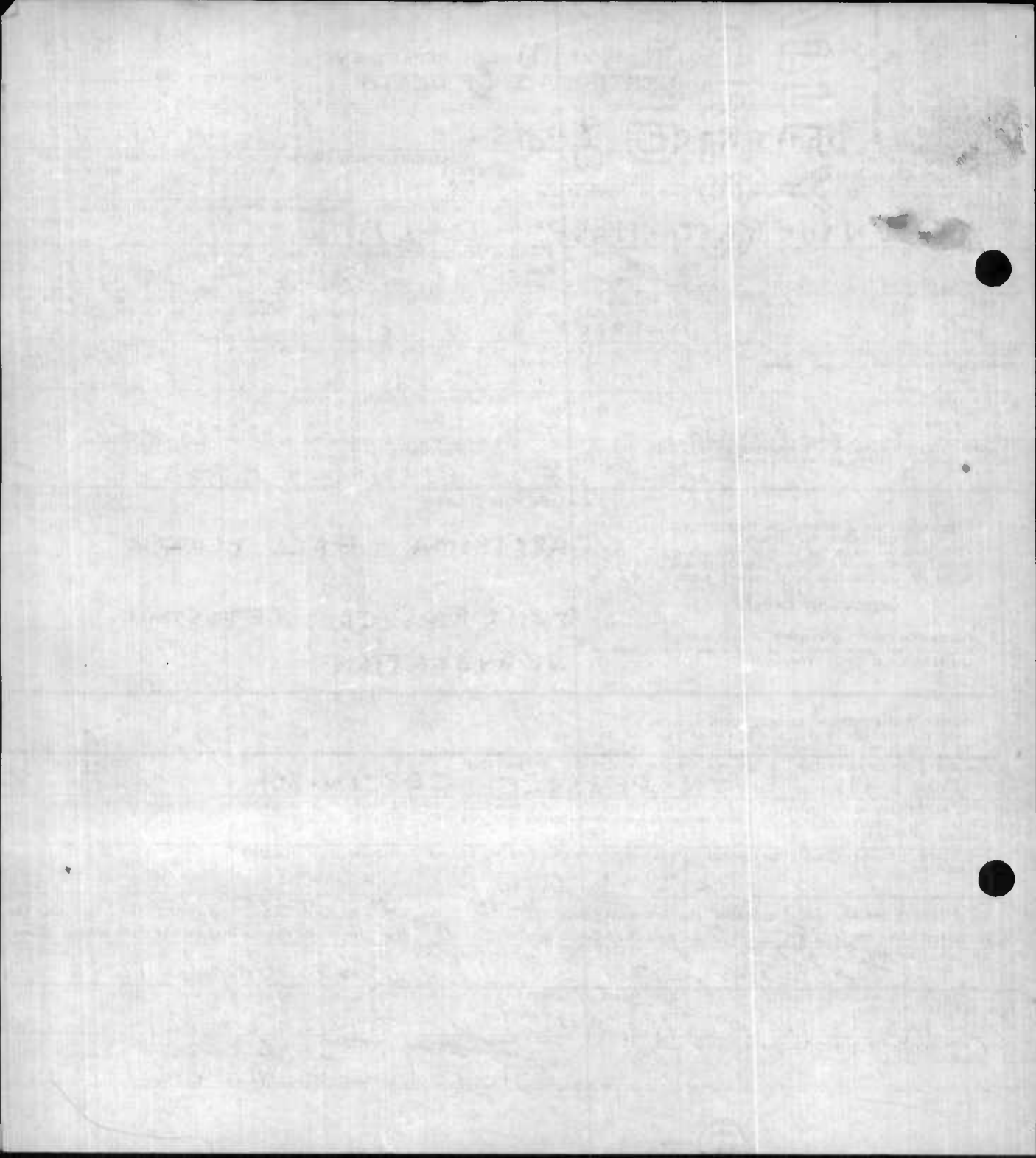
BURIAL

11/19/51

MT. AUBURN

BALTO. MD.

1303 PRESSMAN ST.



620

PIERCE

51 9979

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 9979

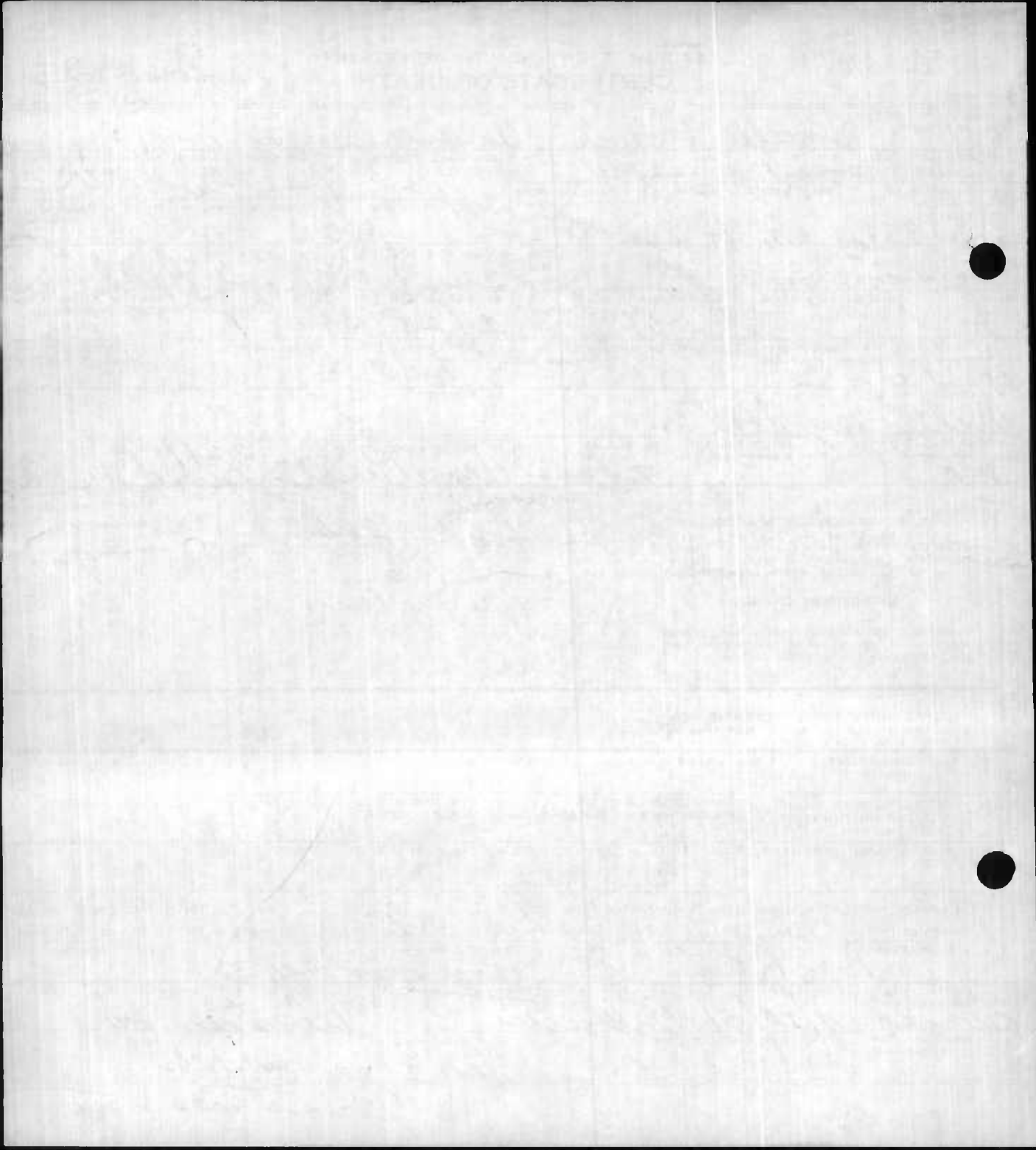
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Lucile Pierce (Lucy)</i>			2. DATE OF DEATH <i>11/6/51</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>2219 Dundell Ave</i>					
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>2219 Dundell Hill Ave</i>					
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balt</i> <i>sub 14-03</i>					
D. STREET ADDRESS (If rural, give location) <i>2219 Dundell Hill Ave</i>					
E. LENGTH OF STAY IN BALTIMORE <i>5</i> Yrs. Mos. Days					
5. SEX <i>7</i>	6. COLOR OR RACE <i>C</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>W</i>			
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>H. W. I.</i>		10B. KIND OF BUSINESS OR INDUSTRY		8. DATE OF BIRTH <i>2/28/1899</i>	
13. FATHER'S NAME <i>Willis Byrdsell</i>		11. BIRTHPLACE (State or foreign country) <i>7. C.</i>		9. AGE (In years last birthday) <i>51</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>no</i>		16. SOCIAL SECURITY NO. <i>none</i>		12. CITIZEN OF WHAT COUNTRY?	
17. INFORMANT <i>Agnes Pierce</i>		14. MOTHER'S MAIDEN NAME <i>Dundell Hill Ave</i>			

18. <i>334X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <i>Cerebral Apoplexy & Paralysis</i>		CAUSE OF DEATH (A) <i>Hypertension</i>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) <i>Hypertension</i>			
		(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from <i>11/12</i> , 19 <i>51</i> , to <i>11/16</i> , 19 <i>51</i> , that I last saw the deceased alive on <i>11/16</i> , 19 <i>51</i> , and that death occurred at <i>6:30</i> P.M., from the causes and on the date stated above.					
23A. SIGNATURE <i>B. M. R. Smith Sr.</i>		23B. ADDRESS <i>2219 Dundell Hill Ave</i>		23C. DATE SIGNED	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>11/20/51</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Arbutus</i>	
24D. LOCATION (City, town, or county) <i>Arbutus, Ind</i>		24E. FUNERAL DIRECTOR <i>Res. S. Nelson</i>		24F. ADDRESS <i>1303 Chestnut St</i>	



51 9980

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 9980

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Edward ADAMS</i>			2. DATE OF DEATH <i>11.18.51</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Baltimore</i>			4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <i>Baltimore</i> B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>Maryland General Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>1-05</i>		
C. Length of stay in Baltimore <i>Life</i> Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <i>2214 Eastern Ave #24</i>		
5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>m.</i>	8. DATE OF BIRTH <i>1886</i>	9. AGE (In years, last birthday) <i>64</i>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Shipping Clerk</i>			10B. KIND OF BUSINESS OR INDUSTRY <i>Mutual Chemical Co</i>		
11. BIRTHPLACE (State or foreign country) <i>Baltimore</i>			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME <i>Edward Adams</i>			14. MOTHER'S MAIDEN NAME <i>Mary Mancer</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)			16. SOCIAL SECURITY NO.		
17. INFORMANT <i>Estelle Adams - 2214 Eastern Ave</i>			ADDRESS		

18. <i>E883.3, and 162x</i> CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>(A) Empyema & bronchogenic carcinoma of the lung</i>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>(B) Exposure to chrome ores</i>	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

CERTIFICATION APPROVED BY

R. H. Fisher M. D.

CHIEF OR ASST. MEDICAL EXAMINER.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) <i>Accident</i>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Chemical Company</i>	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <i>Mutl Chemical Company, 1348 Block Street</i>
21D. TIME (Month) (Day) (Year) (Hour) <i>1928 - 1951</i>	21E. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR? <i>Exposure to chrome ores</i>
22. I hereby certify that I attended the deceased from <i>11.17.1951</i> , to <i>11.18.1951</i> , that I last saw the deceased alive on <i>11.18.1951</i> , and that death occurred at <i>7:15 A.m.</i> , from the causes and on the date stated above.		
23A. SIGNATURE <i>W. K. Brund</i>	23B. ADDRESS <i>Maryland General Hospital</i>	23C. DATE SIGNED <i>11.19.51</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>11-21-51</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Parkwood</i>
24D. LOCATION (City, town, or county) (State) <i>Balto - Md.</i>		25. FUNERAL DIRECTOR <i>Silly + Zeller - 403 S. Wolfe St.</i>
DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	ADDRESS

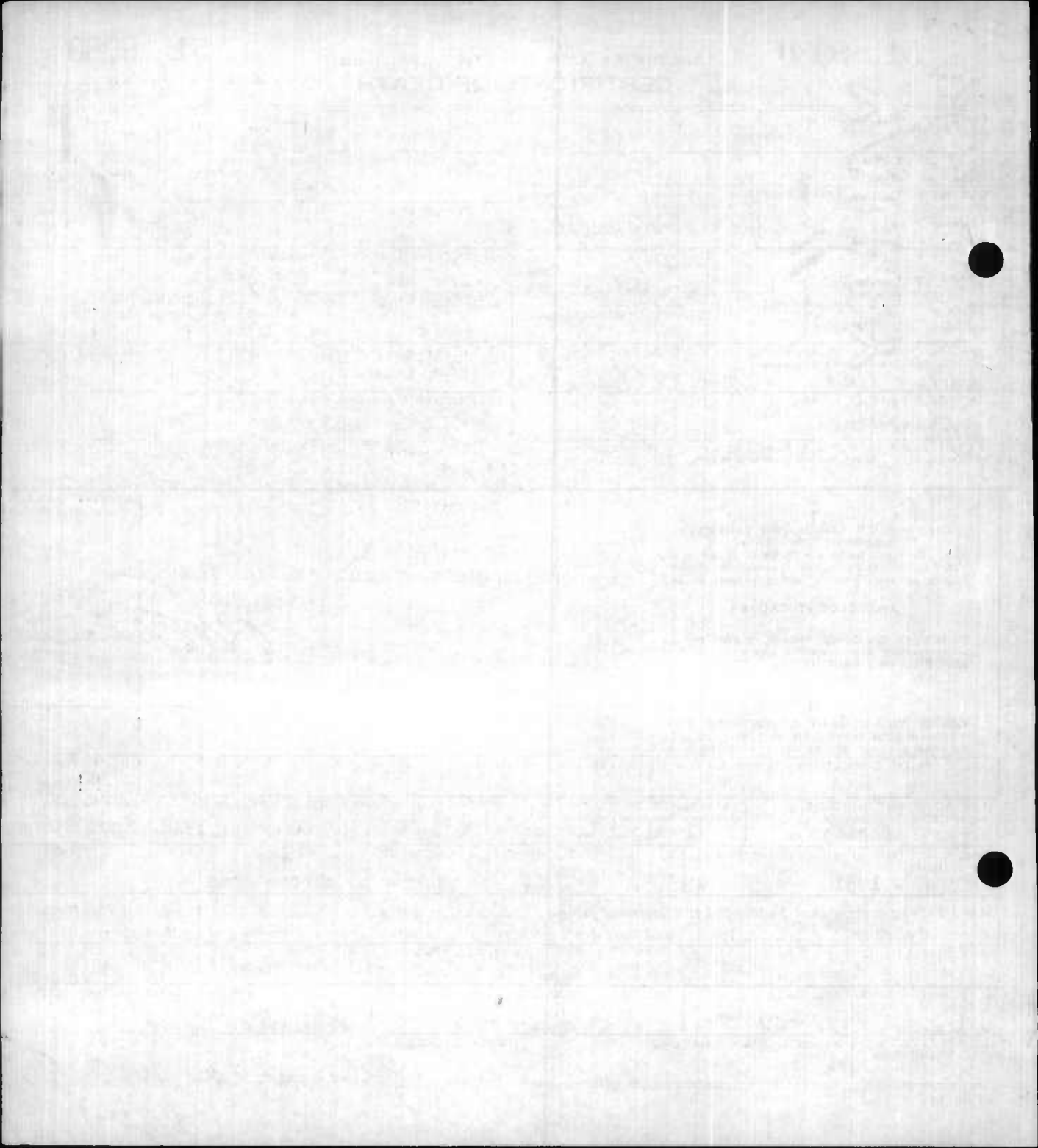
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3424R

47D

MEDICAL CERTIFICATION



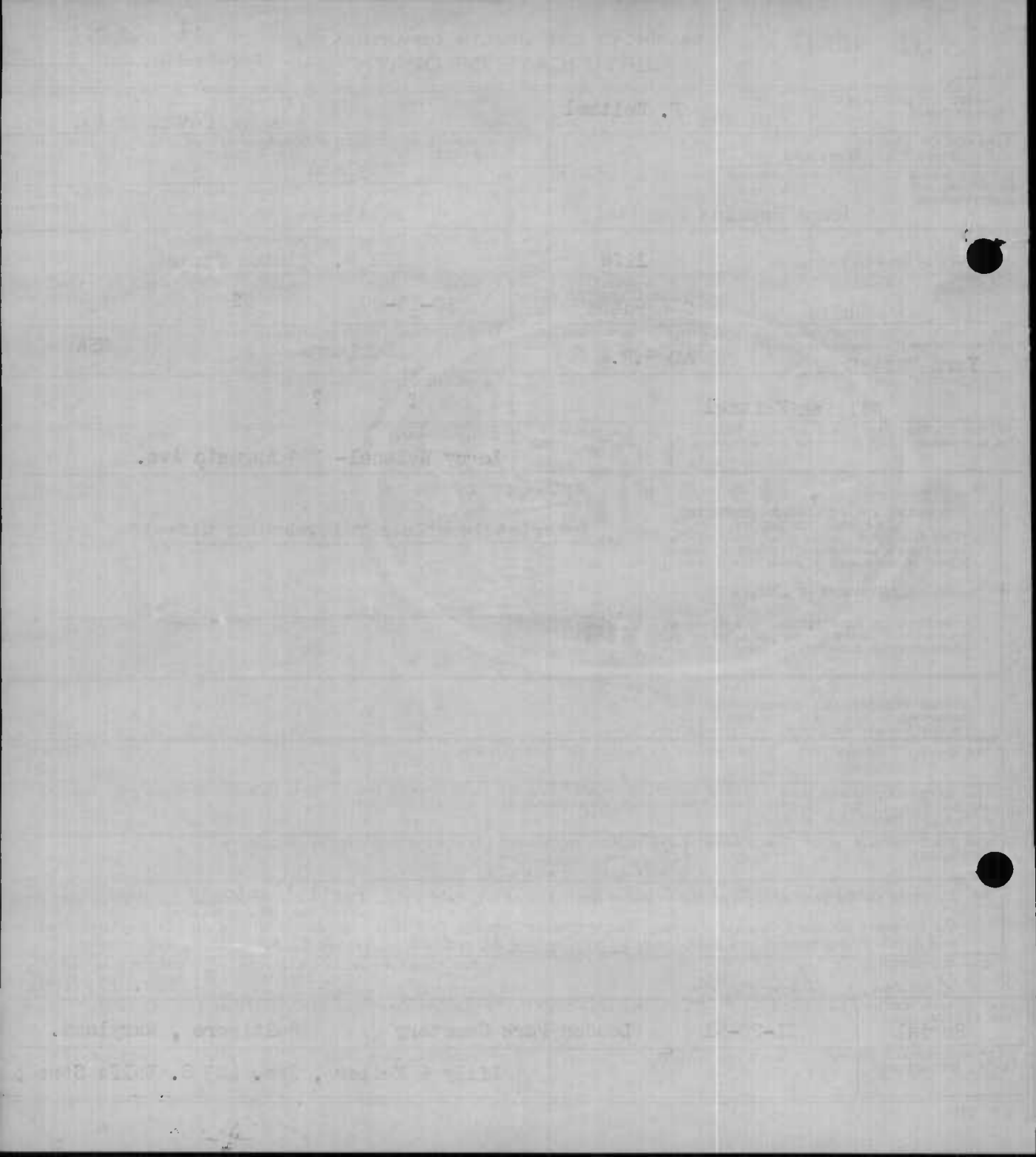
324
51 9981BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 9981
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) MILTON F. Weitzel			2. DATE OF DEATH November 16, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE Maryland B. COUNTY _____ before admission)		
B. FULL NAME OF _____ If not in hospital or institution, give street address or HOSPITAL OR location) INSTITUTION Johns Hopkins Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give Baltimore township) 26-10		
C. Length of stay in Baltimore life Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) 121 N. Clinton Street		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Separated	8. DATE OF BIRTH 10-13-99	9. AGE (In years last birthday) 52	If Under 1 Year Months _____ Days _____ If Under 24 Hours Hours _____ Min. _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Yard Master			10B. KIND OF BUSINESS OR INDUSTRY B&O R.R.		11. BIRTHPLACE (State or foreign country) Baltimore
12. CITIZEN OF WHITE COUNTRY?			13. FATHER'S NAME William Weitzel		
14. MOTHER'S MAIDEN NAME ? ?			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		
16. SOCIAL SECURITY NO.			17. INFORMANT Leroy Weitzel- 309 Augusta Ave.		

MEDICAL CERTIFICATION

18. 422-1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic cardiovascular disease DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			CAUSE OF DEATH Arteriosclerotic cardiovascular disease DUE TO INTERVAL BETWEEN ONSET AND DEATH		
19A. DATE OF OPERATION			19B. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIB- UTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: <u>natural causes</u> <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE William Wolfe			23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... M.D. MEDICAL INVESTIGATOR.....		23C. DATE SIGNED Nov. 17, 1951
24A. BURIAL, CREMA- TION, REMOVAL (Specify) Burial		24B. DATE 11-20-51		24C. NAME OF CEMETERY OR CREMATORY Loudon Park Cemetery	
24D. LOCATION (City, town, or county) Baltimore, Maryland.		25. FUNERAL DIRECTOR Lilly & Zeiler, Inc. 403 S. Wolfe Street			



51 9982

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 9982
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WILLIAM

MAYHEW

2. DATE
OF DEATH November 17, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

Johns Hopkins Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE MarylandC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 2-01D. STREET ADDRESS (If rural, give location)
2003 E. Pratt Street

E. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

5-22-91

9. AGE (In years
last birthday) 60 62If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Musician

10B. KIND OF BUSINESS OR
INDUSTRY

Self Employed

13. FATHER'S NAME

John S. Mayhew

11. BIRTHPLACE (State or foreign country)

Baltimore - Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

14. MOTHER'S MAIDEN NAME

Stella ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Margaret Mayhew - 2003 Pratt St.

18. 443 X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Hypertensive cardiovascular disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William V. Board

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
M.D. MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

Nov. 17, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 151

0578M

93D



600

51 9983

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 9983

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Louis H. Sauer

2. DATE
OF
DEATH

11-16-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Baltimore

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

2614 E. Jefferson Street

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore, Md.

D. STREET ADDRESS (If rural, give location)

2614 Jefferson Street

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

5-9-74

9. AGE (in years,
last birthday)

77

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Ret. Furn. Finisher

10B. KIND OF BUSINESS OR
INDUSTRY

Issac Benesch

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Jacob Sauer

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Elizabeth Sauer 2614 Jefferson Street

18. 422.1 I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) acute myocardial failure
DUE TO

24 hrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) arteriosclerotic cardiovascular
disease
DUE TO

1 year

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from 11/1/1950, to 11/16, 1951, that I last saw the
deceased alive on 11/16, 1951, and that death occurred at 11:45 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

11-20-51

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer

24D. LOCATION (City, town, or county) (State)

Baltimore, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Lilly & Zeiler, Inc 403 S. Wolfe Street

VS 150

933

MEDICAL CERTIFICATION

1941-1942

1943-1944

1945-1946

1947-1948

1949-1950

1951-1952

1953-1954

1955-1956

1957-1958

1959-1960

1961-1962

1963-1964

1965-1966

1967-1968

1969-1970

1971-1972

1973-1974

1975-1976

1977-1978

1979-1980

1981-1982

633
51 9984BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 9984
Registered No.

BIRTH NO.

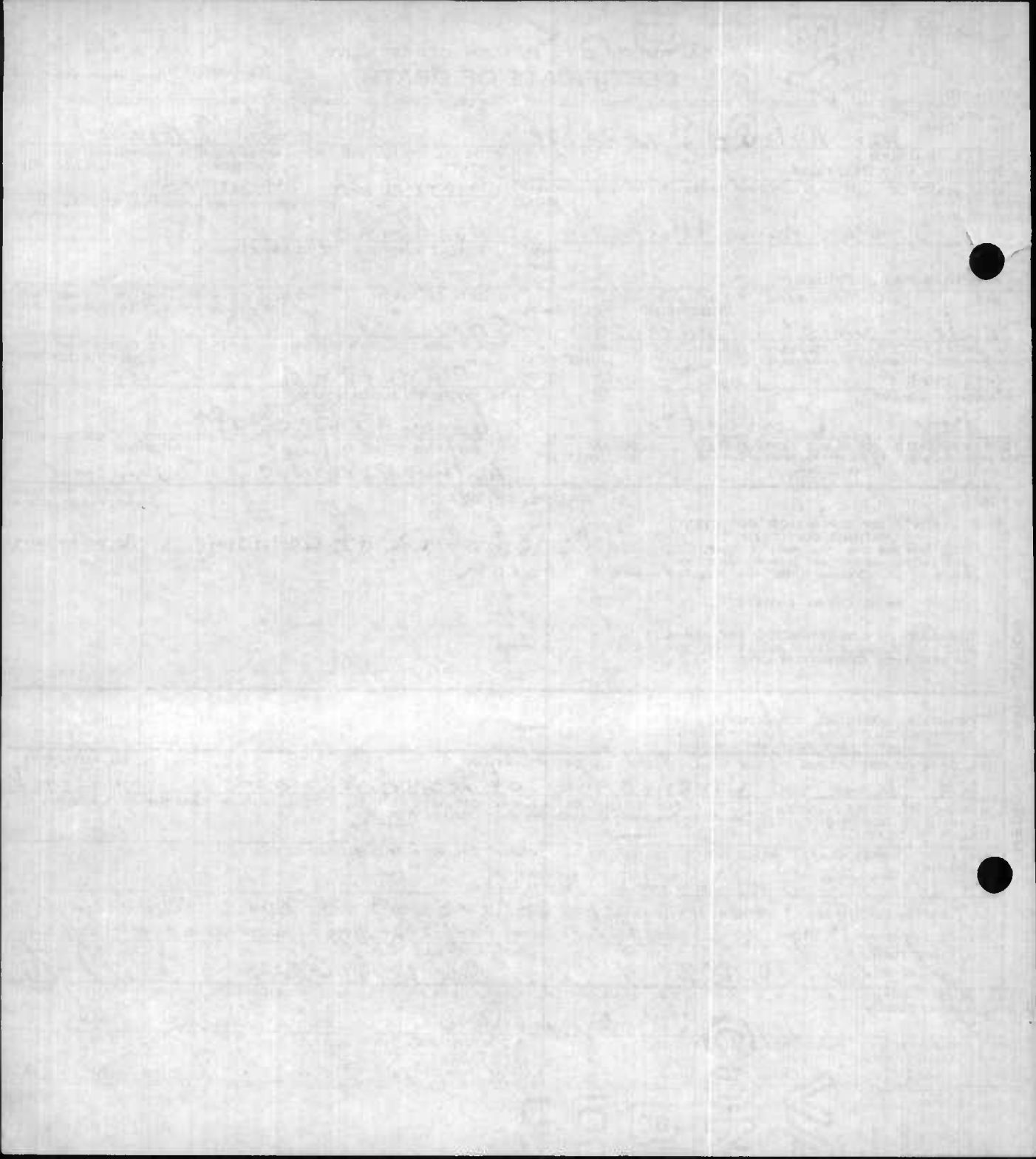
1. NAME OF DECEASED (Type or Print) <u>Mr Arthur Burdette</u>			2. DATE OF DEATH <u>19 Nov 51</u>		
3. PLACE OF DEATH: A. <u>Baltimore City, Maryland</u>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY <u>Howard</u>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>Church Home & Hosp.</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Woodbine</u>		
C. Length of stay in Baltimore <u>147</u> <small>Days</small>			D. STREET ADDRESS (If rural, give location) <u>6300</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>5 March '81</u>	9. AGE (In years last birthday) <u>70</u>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>			10B. KIND OF BUSINESS OR INDUSTRY <u>Own Farm</u>		
11. BIRTHPLACE (State or foreign country) <u>Maryland</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13. FATHER'S NAME <u>Perry Burdette</u>			14. MOTHER'S MAIDEN NAME <u>Eucendy Becraft</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>no</u>			16. SOCIAL SECURITY NO. <u>—</u>		
17. INFORMANT <u>Arthur Burdette</u>			ADDRESS <u>Same</u>		

18. <u>153X1</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Carcinoma of ascending colon</u>	CAUSE OF DEATH (A) <u>Carcinoma of ascending colon</u> DUE TO (B) <u>—</u> DUE TO (C) <u>—</u>	INTERVAL BETWEEN ONSET AND DEATH <u>unknown</u>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <u>—</u>		

19A. DATE OF OPERATION <u>29 June</u>	19B. MAJOR FINDINGS OF OPERATION <u>Carcinoma of ascending colon</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>—</u>	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <u>—</u>
21D. TIME (Month) (Day) (Year) (Hour) INJURY <u>—</u>	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR? <u>—</u>

22. I hereby certify that I attended the deceased from 26 June, 1951, to 19 Nov, 1951, that I last saw the deceased alive on 19 Nov, 1951, and that death occurred at 4:55 Am., from the causes and on the date stated above.

23A. SIGNATURE <u>J. Matchener</u>	23B. ADDRESS <u>Church Home</u>	23C. DATE SIGNED <u>11/19/51</u>
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY <u>Montgomery Chapel</u>
DATE RECEIVED BY LOCAL REGISTRAR <u>NOV 19 1951</u>	REGISTRAR'S SIGNATURE <u>John L. Molnar</u>	24D. LOCATION (City, town, or county) (State) <u>Claggettsville Md</u>
25. FUNERAL DIRECTOR <u>John L. Molnar</u>		ADDRESS <u>Lanham Md</u>



540 51 9985

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 9985

BIRTH NO.			2. DATE OF DEATH November 9, 1951		
1. NAME OF DECEASED (Type or Print) EDNA RUTH CHANNALL			3. PLACE OF DEATH: A. Baltimore City, Maryland		
B. FULL NAME OF (If not in hospital or institution, give street address or location) 3000 block LaRue Square			4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE Maryland B. COUNTY		
C. Length of stay in Baltimore 1Yr			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
5. SEX Female			D. STREET ADDRESS (If rural, give location) 1227 Pennsylvania Avenue		
6. COLOR OR RACE Colored		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH April 21		9. AGE (In years last birthday) 16
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Atlanta, Ga.		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Charlie Channall			14. MOTHER'S MAIDEN NAME Cora Bell North		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Atlanta, Ga. Haugabrooks Funeral Home		

18. E981X, CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Gunshot wound of the head

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

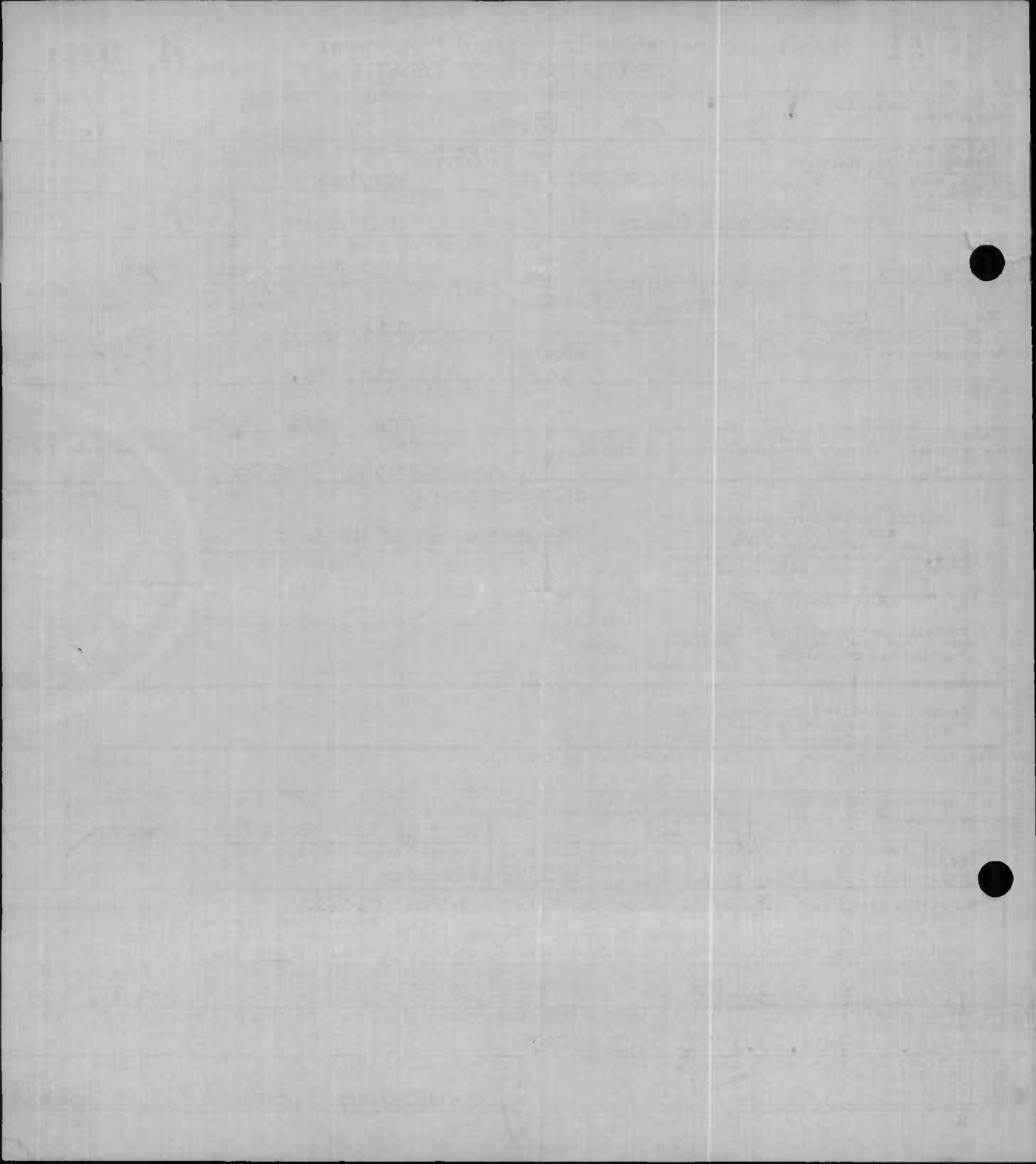
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Lot	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Hill
21D. TIME (Month) (Day) (Year) (Hour) of INJURY Found: Nov. 9, 1951 m.	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? Firearms

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐.

23A. SIGNATURE William Wood	23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> M.D. MEDICAL INVESTIGATOR <input type="checkbox"/>	23C. DATE SIGNED Nov. 17, 1951
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24A. BURIAL, CREMATION, REMOVAL (Specify) Removal	24B. DATE Nov. 19, 1951	24C. NAME OF CEMETERY OR CREMATORY ATLANTA, GA.	24D. LOCATION (City, town, or county) (State)
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DATE RECEIVED BY LOCAL REGISTRAR NOV 19 1951	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR James A. Hayes, 638 N. Gilman St.	ADDRESS 166
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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

51 9986

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Alec (MAKOWSKI) MAK MARSKY

2. DATE
OF
DEATH

11/17/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

BALT.

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

MERCY HOSPITAL, BALTIMORE

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

MARYLAND

B. COUNTY

C. CITY OR TOWN

BALTIMORE

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

30 S. ALBERMARLE ST.

C. Length of stay in Baltimore

38 YRS. AMON

5. SEX

M

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

SINGLE

8. DATE OF BIRTH

1893 June 5

9. AGE (In years last birthday)

58

10 Under 1 Year Months Days

11 Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

LABORER

10B. KIND OF BUSINESS OR INDUSTRY

B & O RAILROAD

11. BIRTHPLACE (State or foreign country)

RUSSIA

12. CITIZEN OF WHAT COUNTRY?

RUSSIA

13. FATHER'S NAME

UNKNOWN

14. MOTHER'S MAIDEN NAME

UNKNOWN

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

705-09-7590 HELEN MAKARSKY-154 N. Potomac St

17. INFORMANT

ADDRESS

1B. **490X and 322.1**
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) **RT. Middle Lobe Pneumonia (Lobar)**

DUE TO **Complete consolidation**

(B) **Left 3 right lobes**

DUE TO **Severe lobar pneumonia**

(C) **alcoholism - chronic**

INTERVAL BETWEEN ONSET AND DEATH

4 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

CERTIFICATION APPROVED BY

SMD

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

CHIEF OR ASST. MEDICAL EXAMINER

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **11/16** 19**51**, to **11/17** 19**51**, that I last saw the deceased alive on **19** and that death occurred at **3:15** m., from the causes and on the date stated above.

23A. SIGNATURE

Howard Reekin M. D.

23B. ADDRESS

Mercy

23C. DATE SIGNED

11/17/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Nov-20-51 Holy Trinity Russian

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Elkridge, Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 1 9 1951

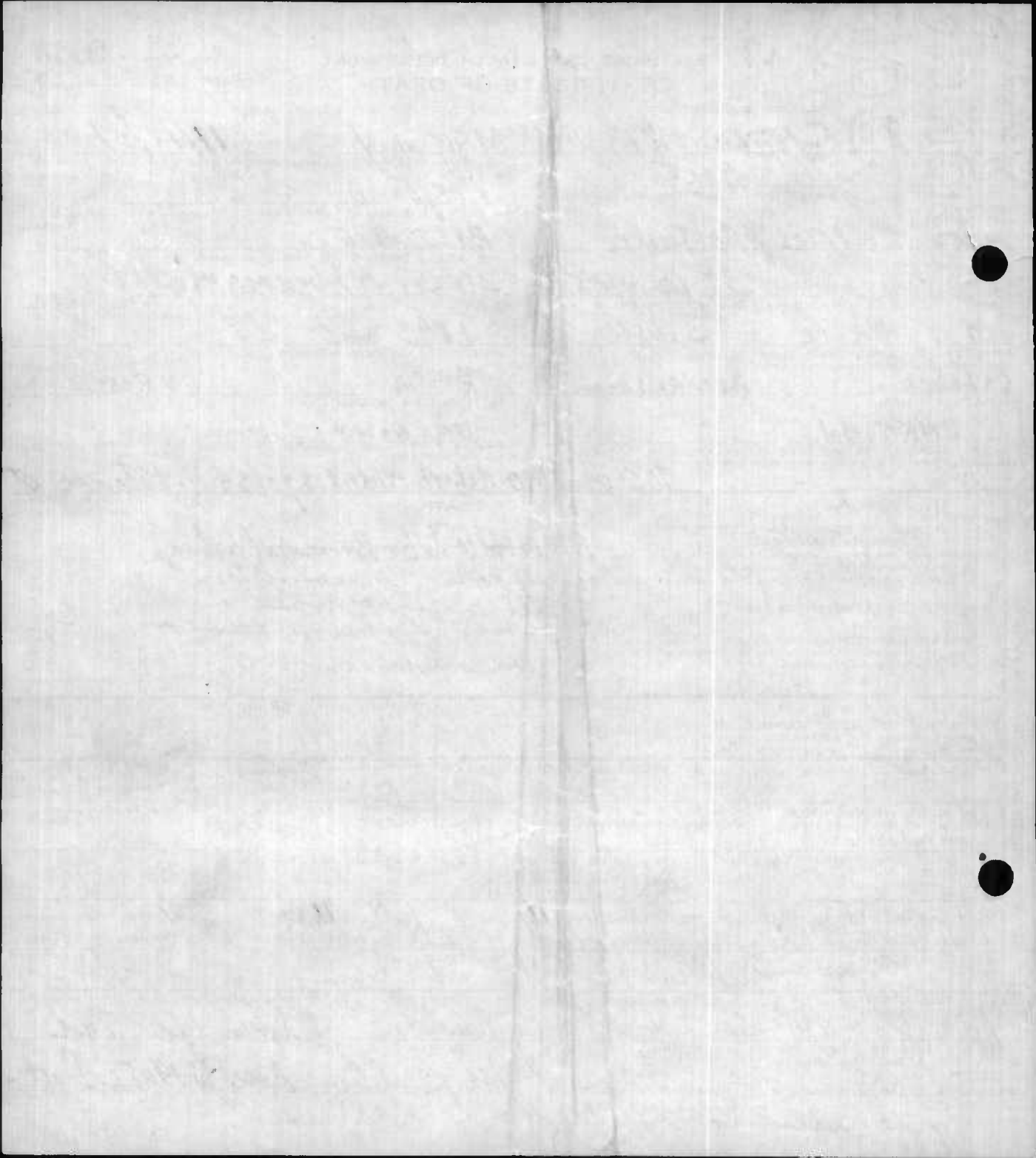
JA. Grbliauckas, Jr 1945 E. Pratt

VS 150

To be certified by Medical Examiner 97050

108

MEDICAL CERTIFICATION



530
51 9987BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 9987

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

FREDERICK A. KENT

2. DATE
OF
DEATH

Nov. 15, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Johns Hopkins Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

638 N. Carrollton Avenue

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

April 14, 1926

9. AGE (in years
last birthday)

25

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR
INDUSTRY

gen

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

William Kent.

14. MOTHER'S MAIDEN NAME

Leonia Phillips.

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

Yes World War II.

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Leonia Kent. 638 N. Carrollton Ave.

18. E 983 X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Fracture of skull

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Cerebral contusion

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☒ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

Street

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

Gay and Caroline Sts.

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

Found 11-14-51 8:00 P.m.

21E. INJURY OCCURRED

WHILE AT ☐
WORKNOT WHILE ☒
AT WORK

21F. HOW DID INJURY OCCUR?

Apparently struck & fell to ground

22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐.

23A. SIGNATURE

Stanley H. Duncanson

M.D.

23B. CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

Nov. 15, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Nov. 20, 1951

24C. NAME OF CEMETERY OR CREMATORY

Balto. National

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Katherine Williams

25. FUNERAL DIRECTOR

ADDRESS

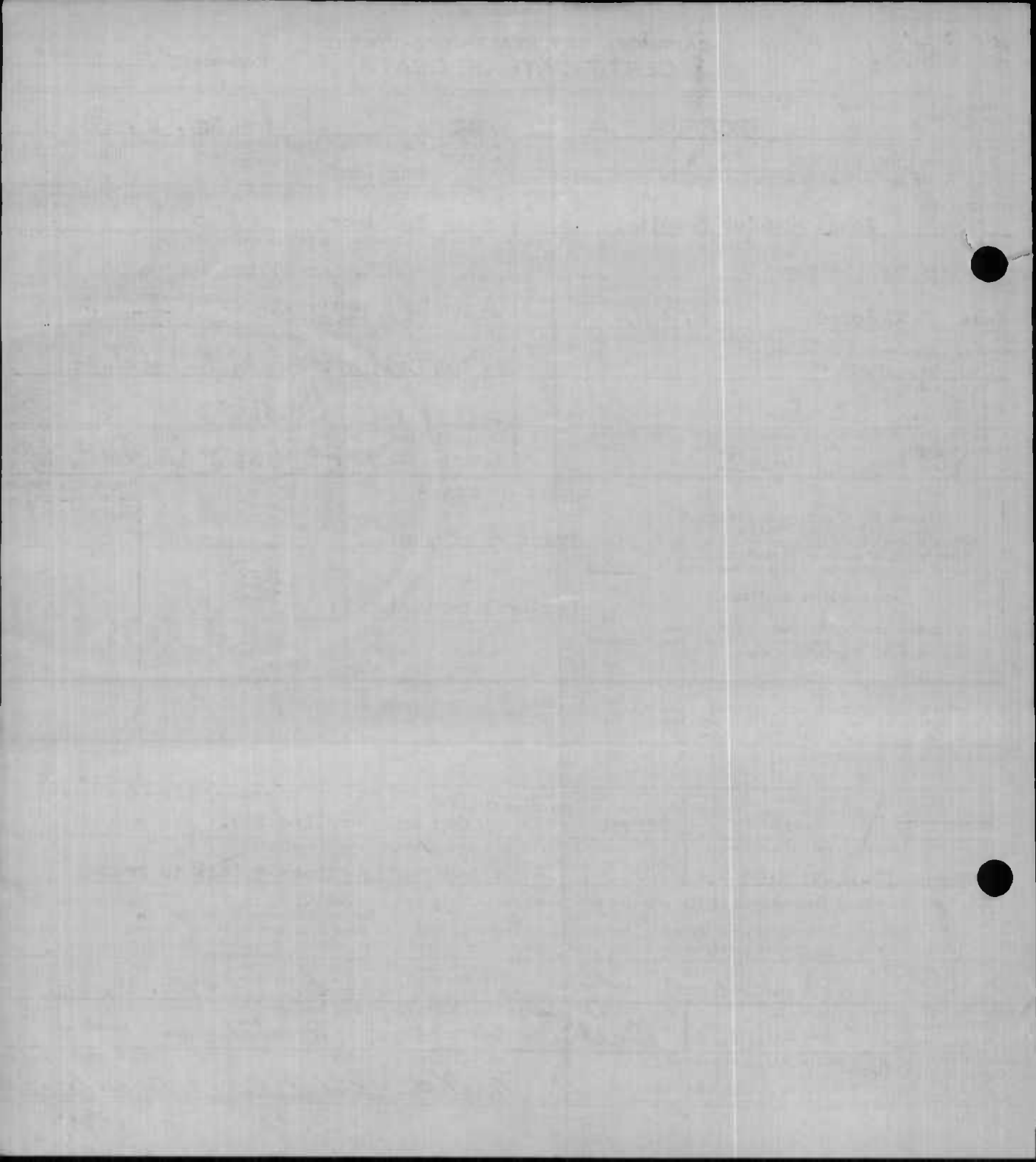
Mrs. Katie R. Williams Schroeder St.

VS 151

N-853.0

97099

168



520
9988BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 9988
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Eva L. Jones.

2. DATE
OF
DEATH

November 14, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

326 N. Gilmore St.

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

326 N. Gilmore St.

5. SEX

Female

6. COLOR OR RACE

C

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

December 1, 1895

9. AGE (In years last birthday)

56

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Alexander. Freeland.

14. MOTHER'S MAIDEN NAME

Alverta ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown)

No

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
James Jones, 326 N. Gilmore St.

18. 173X I

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN
ONSET AND DEATH

6 months

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 13, 1951 to Nov. 14, 1951, that I last saw the deceased alive on Nov. 14, 1951, and that death occurred at 7 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Nov. 19, 1951

24C. NAME OF CEMETERY OR CREMATORY

Balto. National

24D. LOCATION (City, town, or county) (State)

Baltimore, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 19 1951

Mrs. Kate R. Williams

Schroeder St.

VS 150

48B

RECEIVED
CENTRAL BANK

1911

1911

1911

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1911

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1911

536

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 9989

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CHARLES

SANDERS

2. DATE
OF
DEATH

November 17, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

University Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

760 Waesche Street

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

WIDOWER

8. DATE OF BIRTH

12-3-1872

9. AGE (In years last birthday)

179

Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

COOK

10B. KIND OF BUSINESS OR INDUSTRY

SELF

11. BIRTHPLACE (State or foreign country)

HARLEM G.A.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

?

14. MOTHER'S MAIDEN NAME

MILLIE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

INFORMANT ADDRESS
ETHEL BROWN-SARAHANN ST.

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic cardiovascular disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Chronic bronchial asthma

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIB. ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ M.D. MEDICAL INVESTIGATOR ☐23C. DATE SIGNED
Nov. 17, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

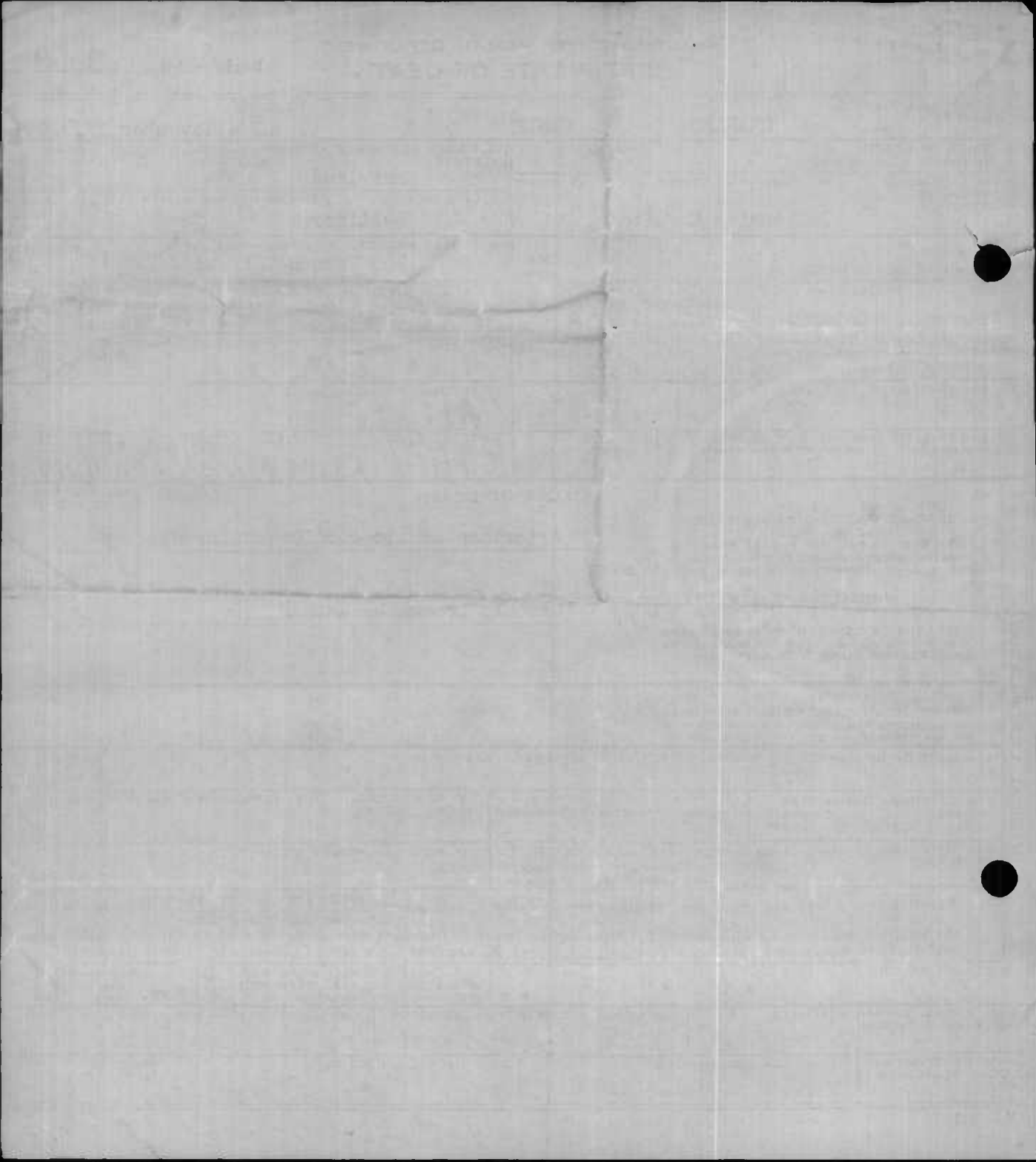
DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

7546 M Howard Hall 935



151
51 9990

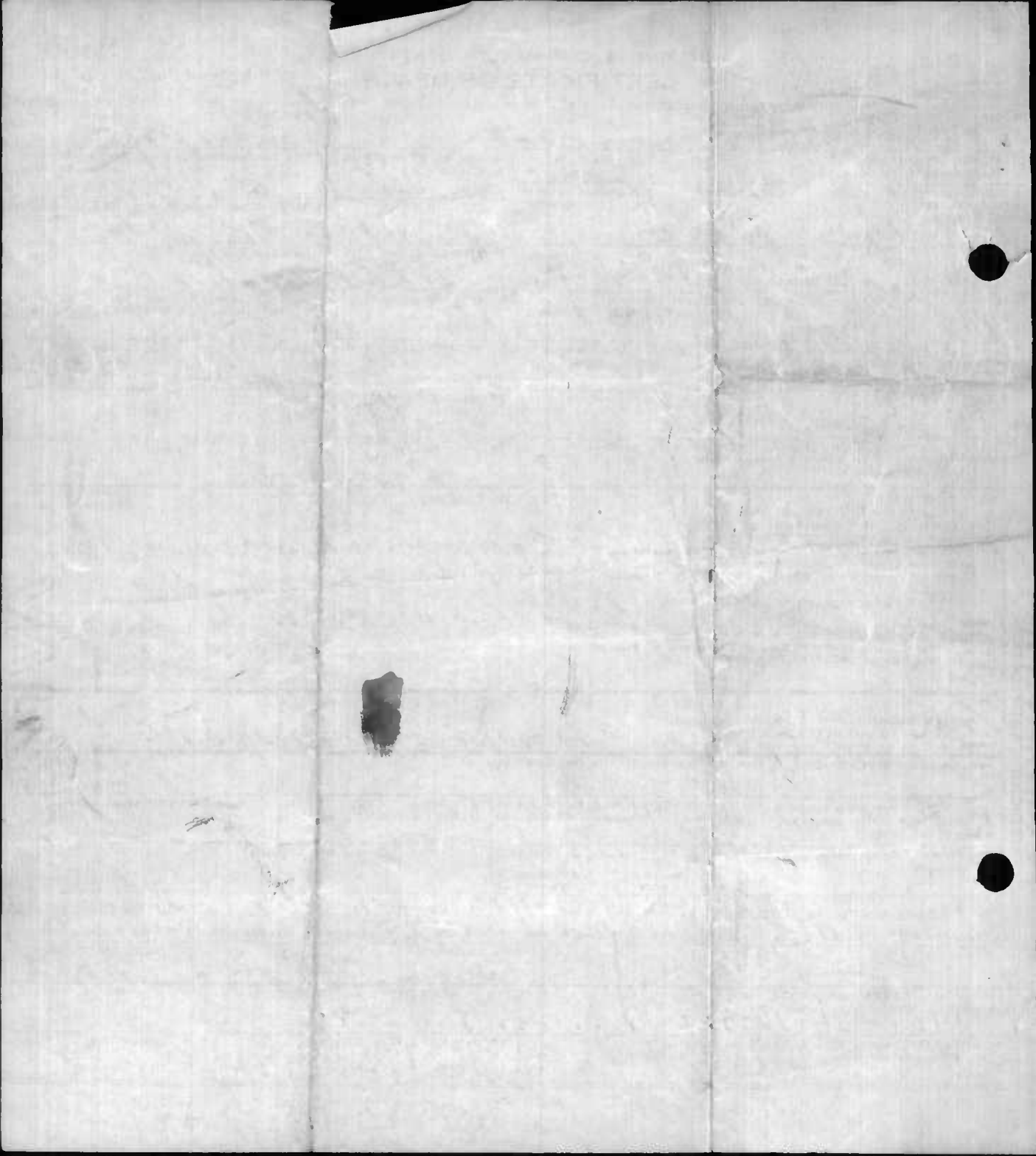
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 9990
Registered No.

1. NAME OF DECEASED (Type or Print) <i>John Oduenport</i>		2. DATE OF DEATH <i>11/17/51</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>MD</i> B. COUNTY <i>Balto.</i>	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>Univ. Hosp.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto.</i>	
c. Length of stay in Baltimore <i>7</i>		D. STREET ADDRESS (If rural, give location) <i>417 Druid Hill Ave.</i>	
5. SEX <i>M</i>	6. COLOR OR RACE <i>Bl.</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>?</i>	8. DATE OF BIRTH <i>?</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>?</i>		11. BIRTHPLACE (State or foreign country) <i>?</i>	
10B. KIND OF BUSINESS OR INDUSTRY <i>?</i>		12. CITIZEN OF WHAT COUNTRY? <i>?</i>	
13. FATHER'S NAME <i>?</i>		14. MOTHER'S MAIDEN NAME <i>?</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>?</i>		16. SOCIAL SECURITY NO. <i>?</i>	
17. INFORMANT <i>Decd's rel.</i>		ADDRESS	

18. <i>451X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Coligestive tract Failure</i>	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Arteriosclerosis</i>	(A) DUE TO (B) DUE TO (C) DUE TO	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>Aneurysm of Aorta</i>		

19A. DATE OF OPERATION <i>11-20-51</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>11/12</i> , 19 <i>51</i> to <i>11/17</i> , 19 <i>51</i> ; that I last saw the deceased alive on <i>11/17</i> , 19 <i>51</i> and that death occurred at <i>12:30</i> m., from the causes and on the date stated above.					
23A. SIGNATURE <i>[Signature]</i>		23B. ADDRESS <i>Univ. Hosp.</i>		23C. DATE SIGNED <i>11/17/51</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>		24B. DATE <i>11-20-51</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Mt. Auburn</i>	
24D. LOCATION (City, town, or county) (State)		24E. DATE RECEIVED BY LOCAL REGISTRAR <i>NOV 19 1951</i>		24F. REGISTRAR'S SIGNATURE <i>[Signature]</i>	
24G. FUNERAL DIRECTOR <i>W. HALSTEAD - 918-</i>		24H. ADDRESS <i>DRUID HILL AVE. 307</i>			



400
51 9991BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 9991
Registered No. Nov. 16

BIRTH NO.		1. NAME OF DECEASED (Type or Print) Kelley MARY-CATHERINE		2. DATE OF DEATH Nov. 16 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY X			
B. FULL NAME OF HOSPITAL OR INSTITUTION FRANKLIN Square Hospital		C. CITY OR TOWN (If outside corporate limits, with RURAL and give township) 25-04			
C. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 814 Glade Court Balto. 25-Md.			
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH MAY 19-1876	9. AGE (In years last birthday) 75	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Pennsylvania		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME UNKNOWN		14. MOTHER'S MAIDEN NAME MARY - UNKNOWN -			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Mrs Gladys Mater - 814 Glade Court	
18. 260 X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Cerebral Hemorrhage DUE TO (B) hypertension, coronary sclerosis DUE TO (C) diabetes mellitus INTERVAL BETWEEN ONSET AND DEATH		19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Nov. 11, 1946 to Nov. 16, 1951 , that I last saw the deceased alive on Nov. 16, 1951 , and that death occurred at 8:25 P.m. , from the causes and on the date stated above.					
23A. SIGNATURE J. Neubauer		23B. ADDRESS 936 Dabrowski Ave.		23C. DATE SIGNED Nov. 16/1951	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE Nov 20-51		24C. NAME OF CEMETERY OR CREMATORY SOUTH FORK -	
24D. LOCATION (City, town, or county) (State) SOUTH FORK - PA.		24E. NAME OF CEMETERY OR CREMATORY SOUTH FORK - PA.		24F. LOCATION (City, town, or county) (State) SOUTH FORK - PA.	
24G. DATE RECEIVED BY LOCAL REGISTRAR NOV 19 1951		24H. REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR ADDRESS Ellsworth Armacos	

5118 Shuym Oaks Ave 61

STATE OF TEXAS
COUNTY OF DALLAS

IN WITNESS WHEREOF, I have hereunto set my hand and seal of office at the City of Dallas, Texas, this 1st day of January, 1901.

Notary Public in and for the State of Texas.

My Comm. Expires Jan. 1, 1902.

W. M. DAVIS

THE STATE OF TEXAS
COUNTY OF DALLAS

BEFORE ME, the undersigned authority, on this day personally appeared _____, known to me to be the person whose name is subscribed to the foregoing instrument, and acknowledged to me that he executed the same for the purposes and consideration therein expressed.

Given under my hand and seal of office at the City of Dallas, Texas, this day of January, 1901.

Notary Public in and for the State of Texas.

My Comm. Expires Jan. 1, 1902.

W. M. DAVIS

560
9992

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 9992
Registered No.

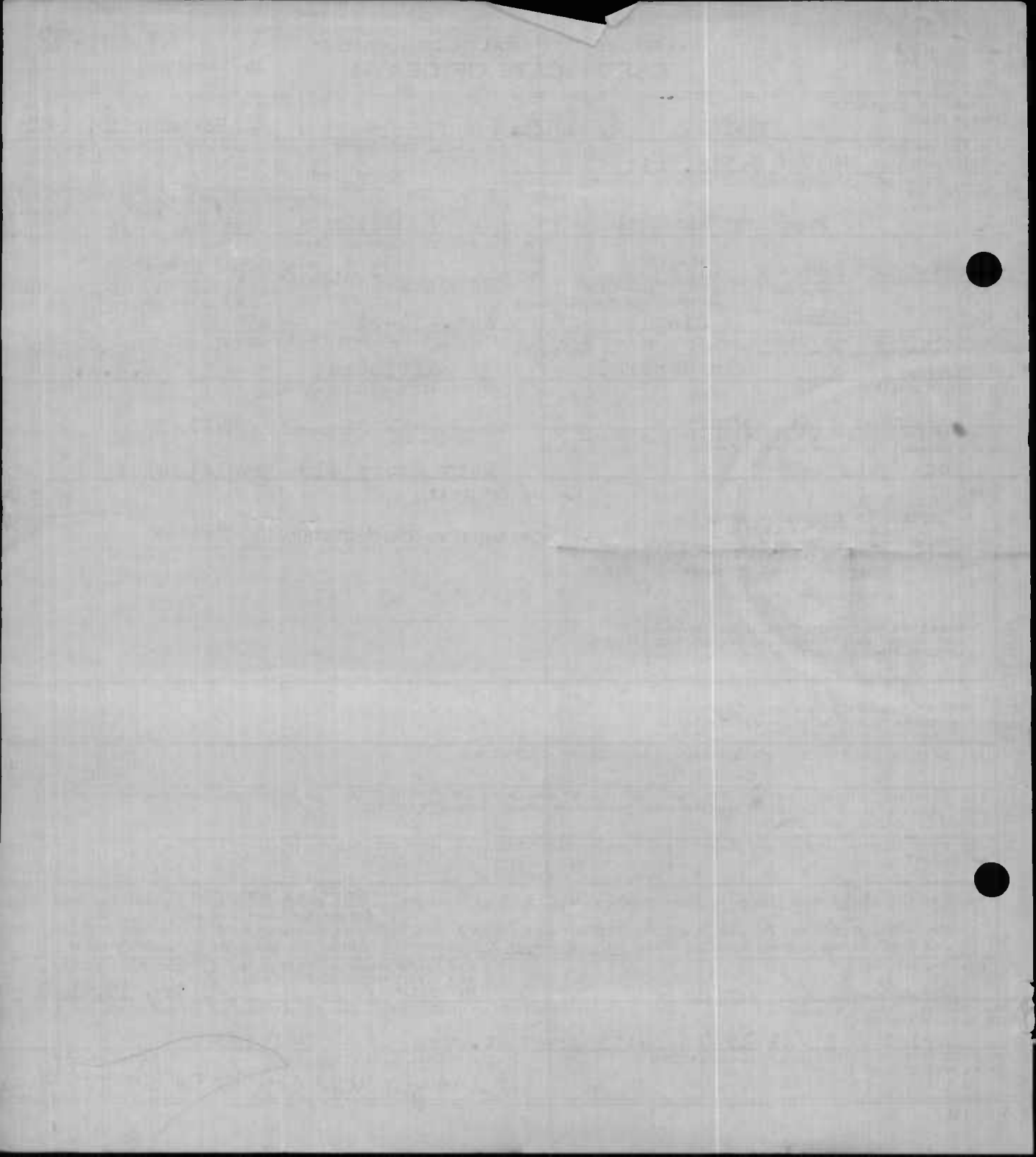
BIRTH NO.			1. NAME OF DECEASED (Type or Print) ERNEST Augustus Emory			2. DATE OF DEATH November 16, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. City			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
B. FULL NAME OF HOSPITAL OR INSTITUTION Provident Hospital			D. STREET ADDRESS (If rural, give location) 415 N. Poppleton Street			E. LENGTH OF STAY IN BALTIMORE Life		
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Aug.-14-94	9. AGE (In years last birthday) 57	If Under 1 Year Months: Days: Hours: Min.			If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer			10B. KIND OF BUSINESS OR INDUSTRY In General			11. BIRTHPLACE (State or foreign country) Baltimore		
12. CITIZEN OF WHAT COUNTRY? U.S.A.			13. FATHER'S NAME Samuel Emory			14. MOTHER'S MAIDEN NAME Mary Emory		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) Yes War # 2			16. SOCIAL SECURITY NO.			17. INFORMANT ADDRESS Mary Emory 415 Poppleton St		

MEDICAL CERTIFICATION

18. 443X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Hypertensive cardiovascular disease (A) DUE TO			INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO					
(C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE <i>William H. Lovett</i>		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED Nov. 17, 1951	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 11/21/1951		24C. NAME OF CEMETERY OR CREMATORY Baltimore Nat. Cem	
24D. LOCATION (City, town, or county) Baltimore		24E. FUNERAL DIRECTOR Eloyo Wilson		24F. ADDRESS 1000 Brantley	

97099

931



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **51 9993**

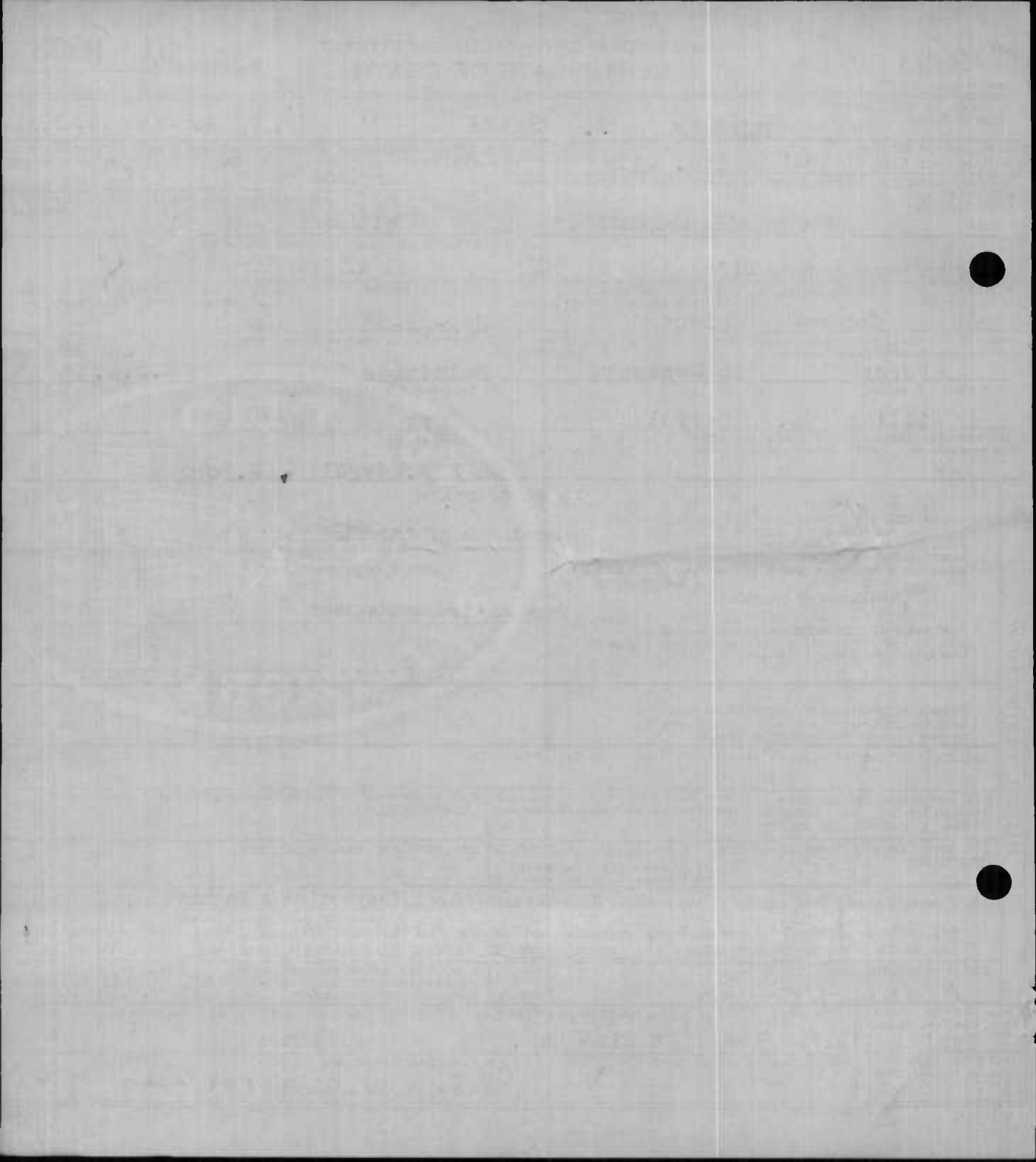
BIRTH NO.

1. NAME OF DECEASED (Type or Print) FREDERICK V. CARROLL			2. DATE OF DEATH November 16, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. City			4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION Johns Hopkins Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
D. Length of stay in Baltimore Life			E. STREET ADDRESS (If rural, give location) 22 N. Bond Street		
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH May-29-95	9. AGE (In years last birthday) 56	10. Under 1 Year Months: Days: 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer			11. BIRTHPLACE (State or foreign country) Baltimore		
10B. KIND OF BUSINESS OR INDUSTRY In General			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME William A. Carroll			14. MOTHER'S MAIDEN NAME Mary Berry		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO.		
17. INFORMANT Mary E. Carroll			ADDRESS 22 N. Bond St		

MEDICAL CERTIFICATION

18. 163 X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Carcinoma of the lung (A) XXXXX		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES (B) Generalized metastases		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?			
22. I certify that I took charge of the remains described above, held an <u>Inspection & Inquiry</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: <u>natural causes</u> <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE <i>William V. [Signature]</i>		23B. CHIEF MEDICAL EXAMINER..... <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input checked="" type="checkbox"/> M.D. MEDICAL INVESTIGATOR..... <input type="checkbox"/>		23C. DATE SIGNED Nov. 17, 1951	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 11/20/1951	24C. NAME OF CEMETERY OR CREMATORY Mt Zion Cem.	24D. LOCATION (City, town, or county) (State) Baltimore		
DATE RECEIVED BY LOCAL REGISTRAR NOV 19 1951		REGISTRAR'S SIGNATURE <i>[Signature]</i>		25. FUNERAL DIRECTOR Thoygo Wilson ADDRESS 1001 Beantley Ave	



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

51 9994
Registered No.

650
BIRTH NO. 9994 51-23884

1. NAME OF DECEASED (Type or Print) CHARLES BROWN			2. DATE OF DEATH November 12, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. City			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland		
B. FULL NAME OF (If not in hospital or institution, give street address or location) Johns Hopkins Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
C. Length of stay in Baltimore Life Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 1225 N. Caroline Street		
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Infant	8. DATE OF BIRTH Oct-6-1951	9. AGE (in years last birthday) 1 6	10. Under 1 Year Months: Days 1 6
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10B. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (State or foreign country) Baltimore		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Edward Hunt			14. MOTHER'S MAIDEN NAME June Brown		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT ADDRESS June Brown 1225 N. Caroline St		

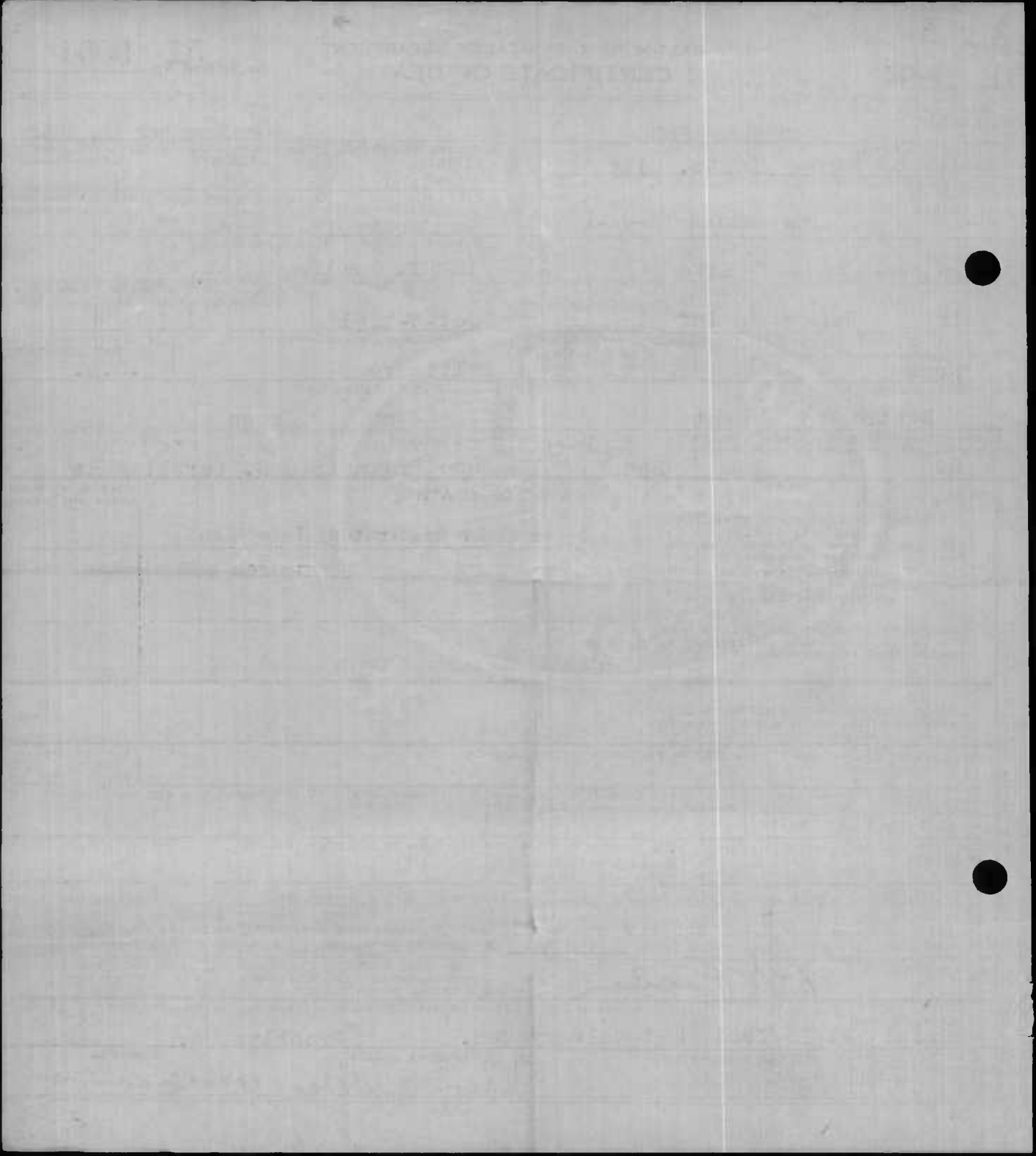
18. 475X1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Acute Upper Respiratory Infection (A) DUE TO		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO		
(C)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <i>R. Fisher</i>	23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>	23C. DATE SIGNED 11/12/51
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 11/19/1951	24C. NAME OF CEMETERY OR CREMATORY Mt Calvary Cem.
24D. LOCATION (City, town, or county) Brooklyn Md.		(State)

DATE RECEIVED BY LOCAL REGISTRAR NOV 19 1951	REGISTRAR'S SIGNATURE <i>Wm. J. Williams</i>	25. FUNERAL DIRECTOR Elroy S. Wilson	ADDRESS 1000 Brantly Ave
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353
51 9995

51 9995

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print) Hottendorf, William M.

2. DATE OF DEATH November 17, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B. COUNTY _____

B. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's

C. CITY OR TOWN Baltimore

D. LENGTH OF STAY IN BALTIMORE _____ Yrs. _____ Mos. _____ Days _____

O. STREET ADDRESS (If rural, give location) 2142 Harford Avenue

5. SEX M. 6. COLOR OR RACE W. 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH July 13, 1891 9. AGE (In years last birthday) 60

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired Machinist

10B. KIND OF BUSINESS OR INDUSTRY _____

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? _____

13. FATHER'S NAME Frank M. Hottendorf

14. MOTHER'S MAIDEN NAME Laura E. Phingst

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no (If yes, give war or dates of service) _____

16. SOCIAL SECURITY NO. _____

17. INFORMANT ADDRESS Mrs. Martha W. Hottendorf-2142 Harford Ave

18. 443 X CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH _____

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Terminal pneumonia
DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B) Hypertensive arteriosclerotic
cardiovascular disease
(C) _____

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. _____

19A. DATE OF OPERATION 2 19B. MAJOR FINDINGS OF OPERATION _____

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐ 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY _____ 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from October 25, 1951 to November 17, 1951, that I last saw the deceased alive on Nov. 16, 1951, and that death occurred at 12:45 a.m. from the causes and on the date stated above.

23A. SIGNATURE [Signature] 23B. ADDRESS M. O. 1100 N. Caroline St. 23C. DATE SIGNED Nov. 17, 1951

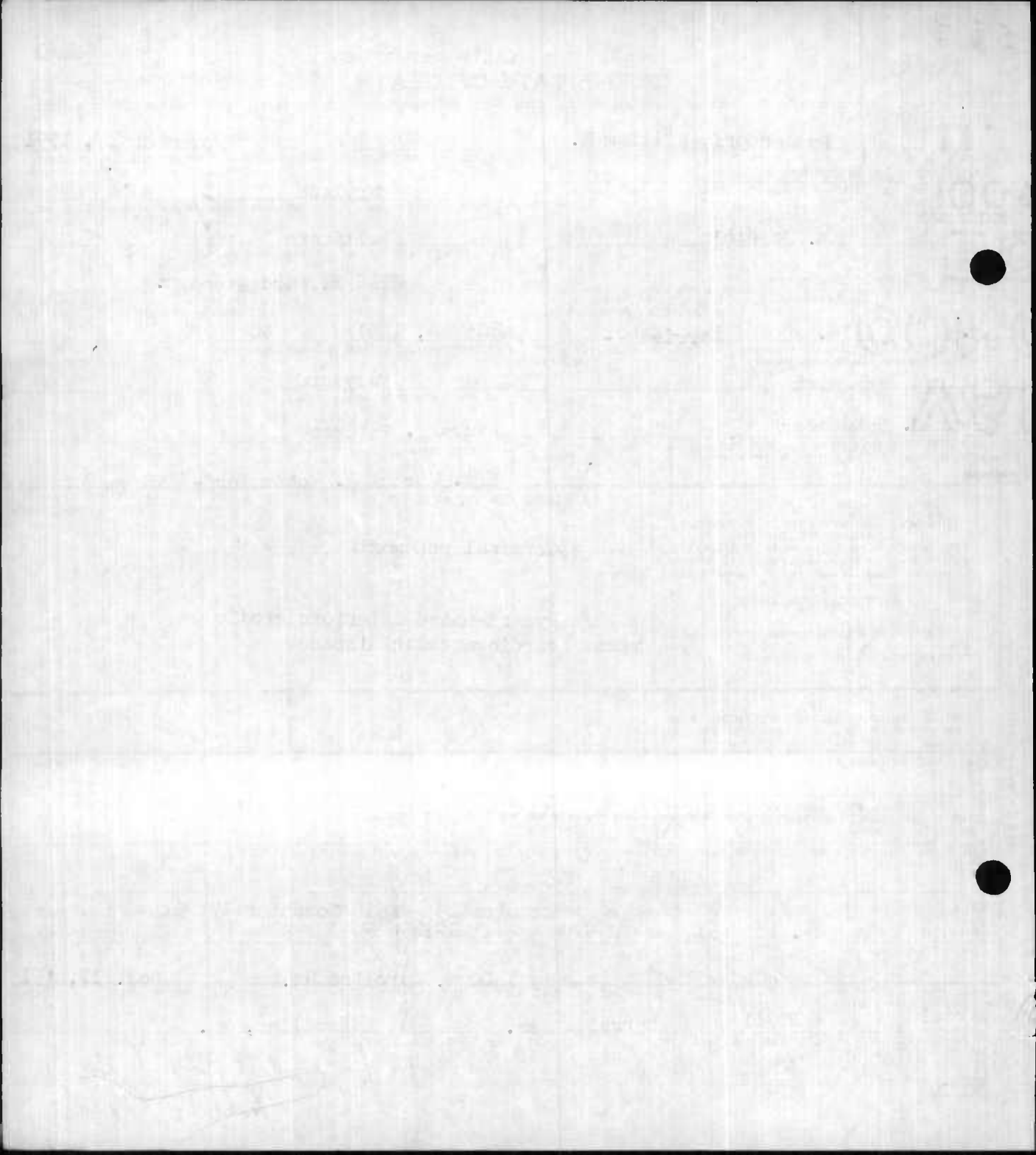
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial 24B. DATE 11/20/51 24C. NAME OF CEMETERY OR CREMATORY Lorraine Cem. 24D. LOCATION (City, town, or county) (State) Woodlawn, Md.

DATE RECEIVED BY LOCAL REGISTRAR NOV 19 1951 REGISTRAR'S SIGNATURE [Signature] 25. FUNERAL DIRECTOR Wm. J. Dickner & Sons ADDRESS 937 Balto. Md.

5443L

937 Balto. Md.

MEDICAL CERTIFICATION



120
9996BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 9996
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARY M. DAVIS

2. DATE
OF
DEATH

Nov. 19-11 1957

3. PLACE OF DEATH:

A. Baltimore City, Maryland Lutheran Hosp. of Md.

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE Lutheran Hospital of Md.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

A. STATE

Md.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2227 N. Fulton Ave

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Nov. 18, 1898

9. AGE (In years last birthday)

53

If Under 1 Year

Months

Days

If Under 24 Hours

Hours

Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

House - Wife

10B. KIND OF BUSINESS OR INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Frank Galloway

14. MOTHER'S MAIDEN NAME

Annie Boscker

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.
none

17. INFORMANT

ADDRESS

Mr. John H. Davis, Sr. - 2227 N. Fulton Ave.

18. 422.1 I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, assthenia, etc. It means the disease, injury or complication which caused death.)

(A) Acute congestive heart failure

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Arteriosclerotic cardiovascular disease

DUE TO

(C) Pulmonary edema

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1¹⁵ AM 11/19/1957, to 2¹⁰ AM 11/19/1957, that I last saw the deceased alive on 11/19/1957, and that death occurred at 2¹⁵ A m., from the causes and on the date stated above.

23A. SIGNATURE

Paul Smith

M. D.

23B. ADDRESS

Lutheran Hospital of Md.

23C. DATE SIGNED

11/19/57

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

11/23/57

24C. NAME OF CEMETERY OR CREMATORY

WESTERN

New Catholic Cem.

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

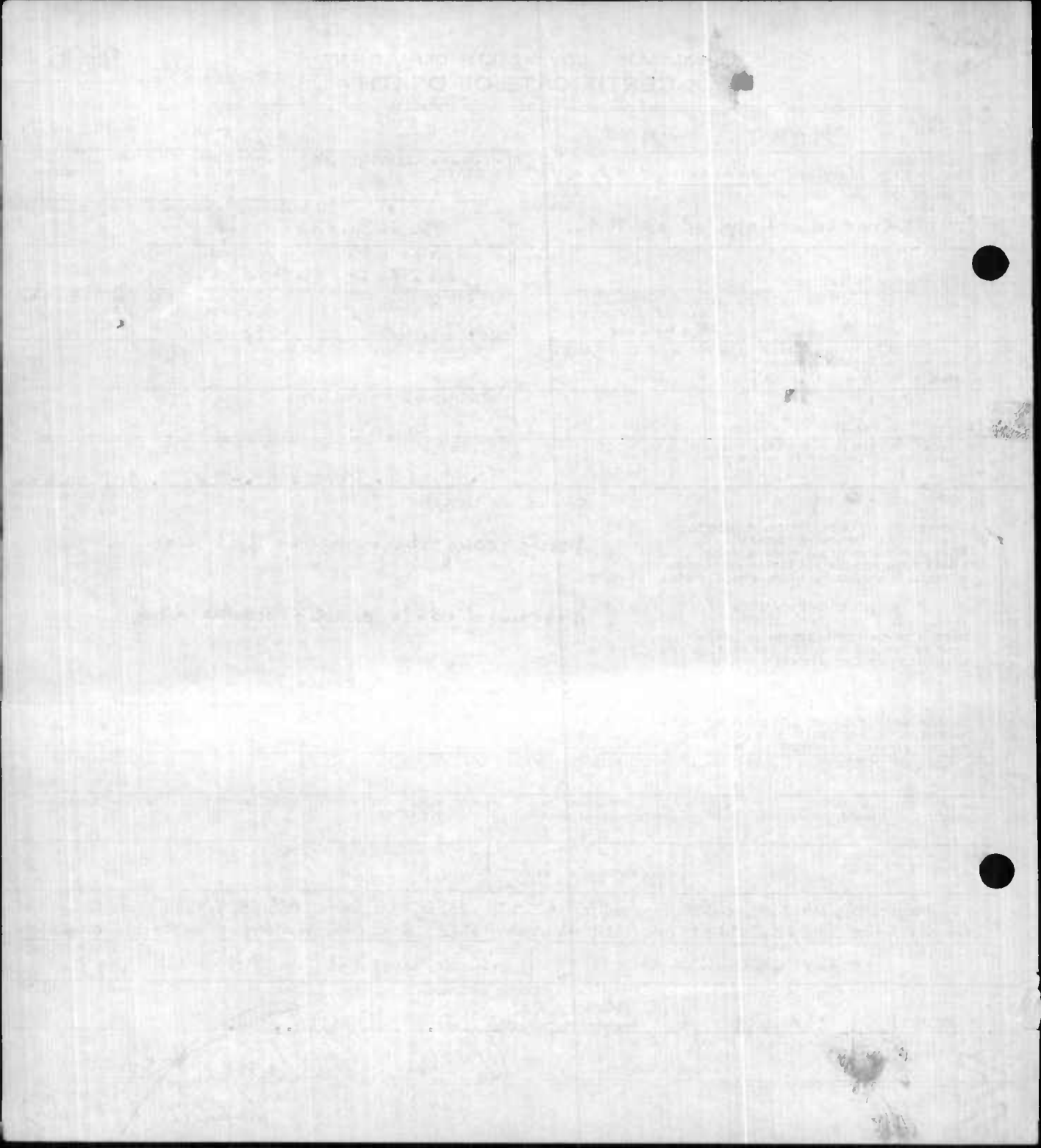
ADDRESS

NOV 19 1957

Dr. J. Williams

Dr. J. T. Sikes & Sons

937 Balto, Md.



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. 51 9997

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOHN H. DEUBER, SR.

2. DATE
OF
DEATH

Nov. 18, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION 4400 Sidehill Rd.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)
A. STATE Md.
B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)
4400 Sidehill Rd.

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
widowed

8. DATE OF BIRTH

Nov. 9, 1865

9. AGE (In years
last birthday)

86

If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Salesman (rtd)

10B. KIND OF BUSINESS OR
INDUSTRY

Paints

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Conrad Deuber

14. MOTHER'S MAIDEN NAME

Margaret Weise

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)
no

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mr. C. H. Deuber - 4400 Sidehill Rd.

CAUSE OF DEATH

18. 420.0
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

DUE TO

(A) Arteriosclerotic heart disease about 5 yrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(B) Generalized Arteriosclerosis about 10 yrs.

(C)

INTERVAL BETWEEN
ONSET AND DEATH

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1949, to Nov 18, 1951, that I last saw the
deceased alive on Nov 18, 1951, and that death occurred at 1:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL CREMA-
TION, REMOVAL (Specify)
Burial

24B. DATE

11/21/51

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25 FUNERAL DIRECTOR

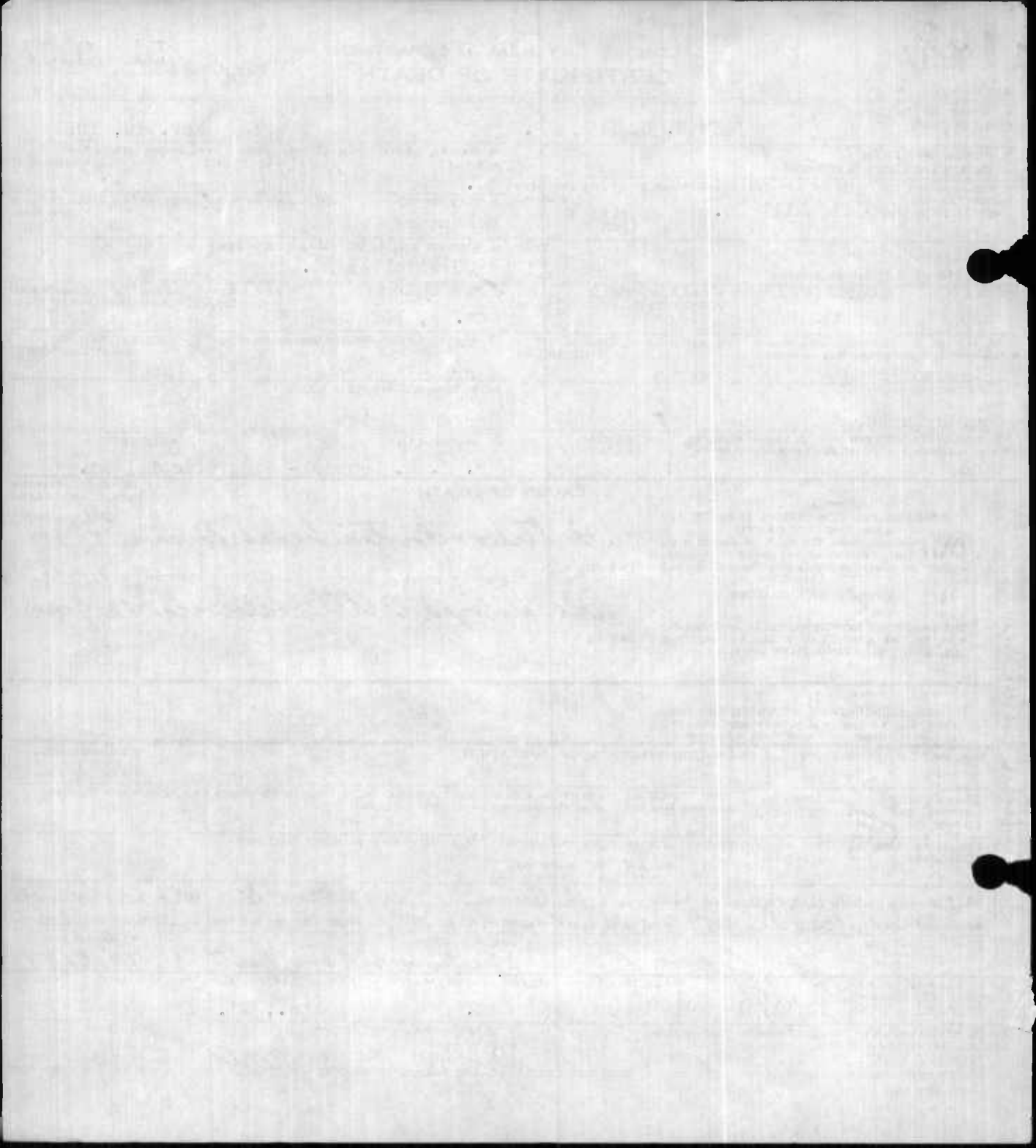
ADDRESS

NOV 19 1951

VS 150

Wm. J. Fickner & Sons
Balto. Md. 937

MEDICAL CERTIFICATION



BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

51

9998

100
9998

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)2. DATE
OF
DEATH

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

JOHNS HOPKINS HOSPITAL

Yrs.
Mos.
Days

c. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT
JOHNS HOPKINS HOSPITAL ADDRESS

18. 155X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A)
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from 9/18/51 to 11/19/51, that I last saw the
deceased alive on 11/19/51, and that death occurred at 8:38 P. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS
JOHNS HOPKINS HOSPITAL23C. DATE SIGNED
11-19-5124A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

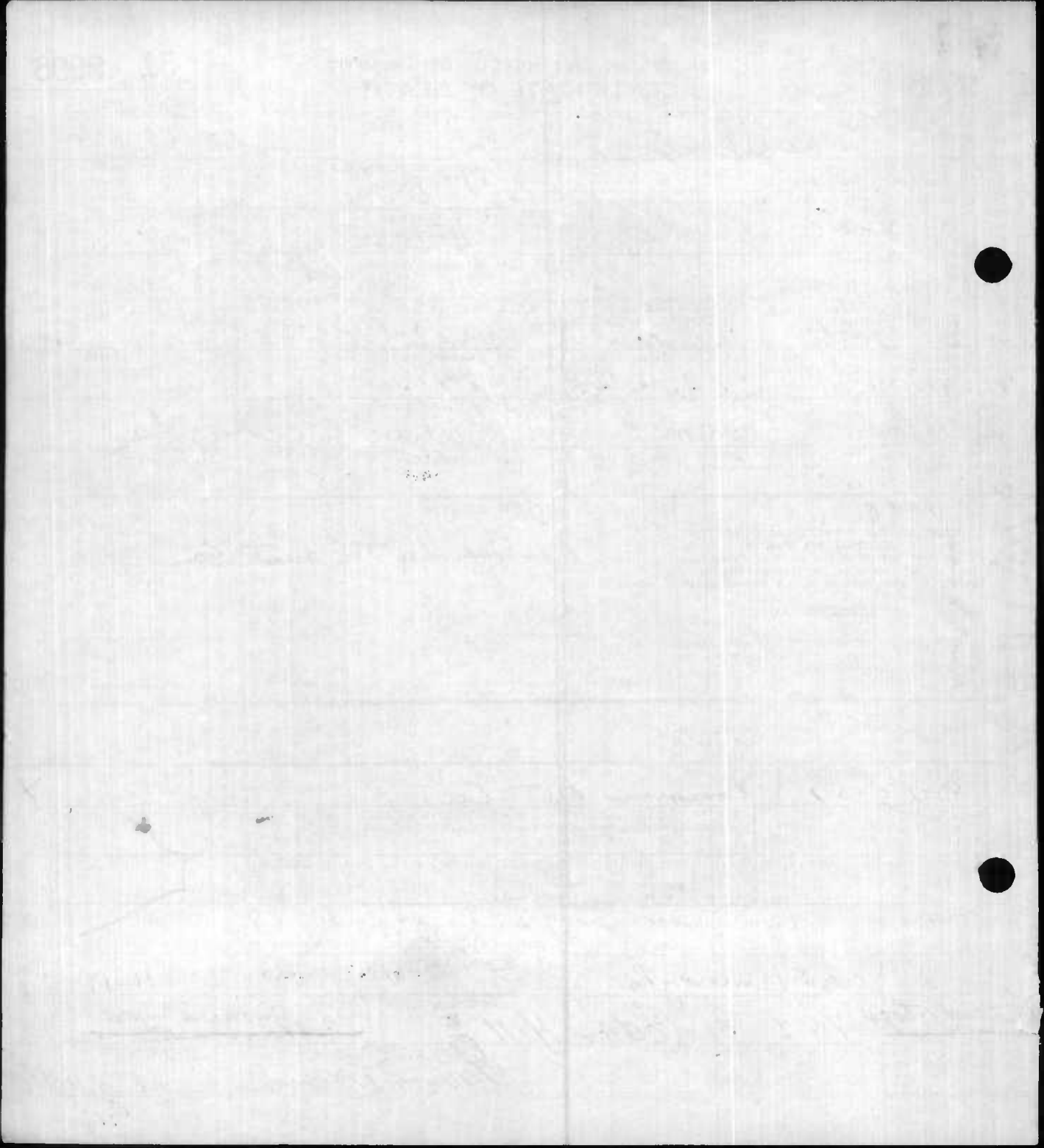
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46F City-1

MEDICAL CERTIFICATION



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

51 9999

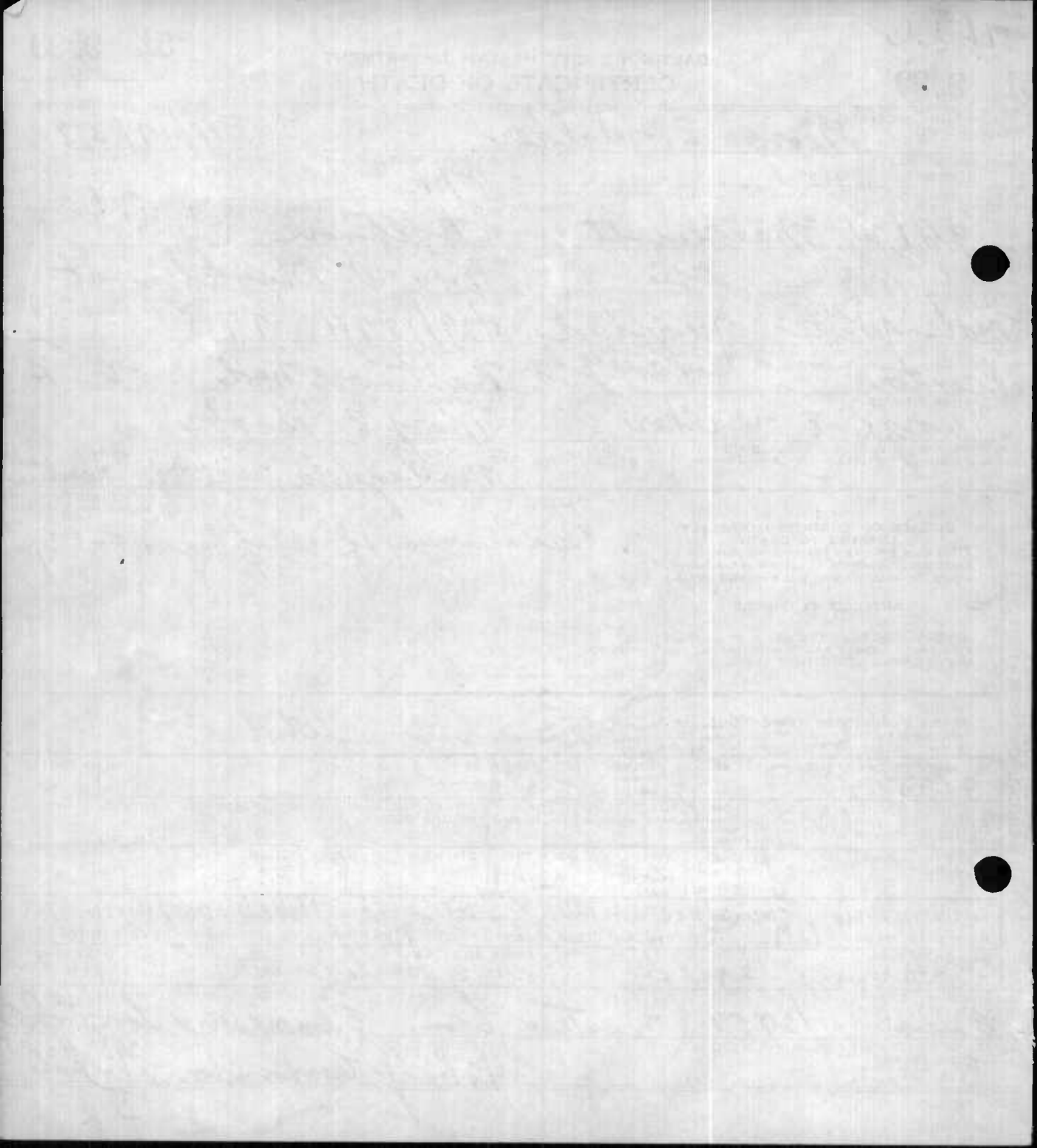
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) <i>George E. Walker</i>		2. DATE OF DEATH <i>11/17/57</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY _____	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>941 W. Franklin St.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
C. Length of stay in Baltimore <i>Life</i>		D. STREET ADDRESS (If rural, give location) <i>941 W. Franklin St.</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>3/29/1874</i>
9. AGE (In years last birthday) <i>77</i>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Printer</i>	11. Under 1 Year Months: Days
10. KIND OF BUSINESS OR INDUSTRY <i>Dulaney P.O.</i>		12. BIRTHPLACE (State or foreign country) <i>Baltimore Md</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A</i>
13. FATHER'S NAME <i>George E. Walker</i>		14. MOTHER'S MAIDEN NAME <i>Mary E. Jacobs</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <i>-</i>		16. SOCIAL SECURITY NO. <i>-</i>	
17. INFORMANT <i>Mrs Augusta Walker</i>		ADDRESS <i>941 W. Franklin</i>	

18. <i>150X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONITION CAUSING IT.	CAUSE OF DEATH (A) <i>Carcinoma of oesophagus</i> DUE TO (B) _____ DUE TO (C) _____	INTERVAL BETWEEN ONSET AND DEATH <i>about 3 years</i>
	II CHRONIC MYOCARDITIS <i>Chronic myocarditis</i>	

19A. DATE OF OPERATION <i>2/28/46</i>		19B. MAJOR FINDINGS OF OPERATION <i>Gastric ulcer (?)</i>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH? <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>3/13/1948</i> to <i>11/15/1957</i> , that I last saw the deceased alive on <i>11/15/1957</i> , and that death occurred at <i>9 P.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Harry Weibel</i>		23B. ADDRESS <i>1526 Harrow St</i>		23C. DATE SIGNED <i>11/19/57</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>11/29/57</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Western Ben.</i>	
24D. LOCATION (City, town, or county) <i>Edmondson & Longwood</i>		25. FUNERAL DIRECTOR <i>John J. Cowan & Son</i>		ADDRESS <i>Hollins</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>NOV 19 1957</i>		REGISTRAR'S SIGNATURE			



452
51 10000

51 10000

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

1. NAME OF DECEASED (Type or Print) KATHERIN Z. WILINSKI		2. DATE OF DEATH Nov. 17 1951	
3. PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY 2-02	
5. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) 1838 E. Pratt Street		6. CITY OR TOWN (If outside corporate limits, state RURAL and give township) Baltimore	
7. Length of stay in Baltimore 38 Yrs. 38 Mos. 38 Days 38		8. STREET ADDRESS (If rural, give location) 1838 E. Pratt Street	
9. SEX Female	10. COLOR OR RACE White	11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	12. DATE OF BIRTH Nov. 25 1880 90 74
13. A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		14. B. KIND OF BUSINESS OR INDUSTRY	
15. FATHER'S NAME Poland Jawalich		16. MOTHER'S MAIDEN NAME Rozalia	
17. WAS DECEASED EVER IN U. S. ARMED FORCES (If yes, give war or dates of service) no		18. SOCIAL SECURITY NO. 215-101337	
19. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) General Arterio Sclerosis 5 yrs Chronic Hypertension 5 yrs ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. General Arterio Sclerosis 5 yrs Chronic Hypertension 5 yrs		20. INTERVAL BETWEEN ONSET AND DEATH 5 yrs	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
21. DATE OF OPERATION Nov 17 1951		22. MAJOR FINDINGS OF OPERATION	
23. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
24. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		25. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
26. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
27. TIME (Month) (Day) (Year) (Hour) OF INJURY		28. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
29. HOW DID INJURY OCCUR?			
30. I hereby certify that I attended the deceased from Nov 17 1951 , to Nov 17 1951 , that I last saw the deceased alive on Nov 17 1951 , and that death occurred at 3:20 p.m. from the causes and on the date stated above.			
31. SIGNATURE Isidor S. Solomon		32. ADDRESS 129 S. Bway	
33. DATE Nov. 21 1951		34. NAME OF CEMETERY OR CREMATORY St Stanislaus Cem	
35. LOCATION (City, town, or county) Balta City		36. DATE RECEIVED BY LOCAL REGISTRAR NOV 19 1951	
37. REGISTRAR'S SIGNATURE John M. Welby		38. FUNERAL DIRECTOR'S ADDRESS 401 S. Chester ST	

